

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 APR 11 PM 1:56

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 99 000075987

1. Corporation Name:  
*Pelican Cove Motel Inc.*

2. Principal Office Address:  
*23275 Bayshore Rd, 23275 Bayshore Rd,*

City & State:  
*Punta Gorda FL, Punta Gorda FL*

3. Registered Agent:  
*33980 Charlotte, 33980 Charlotte*

Name and Address of Current Registered Agent:  
*Judith K. Thomas, 23275 Bayshore Rd,*

City, State, ZIP Code:  
*Punta Gorda, FL 33980*

Signature of Registered Agent:  
*Judith K. Thomas*  
REGISTERED AGENT MUST SIGN

Title	Name of Officer or Director	Street Address of each Officer or Director	City / State / Zip
P	Judith K. Thomas	23275 Bayshore Rd,	Punta Gorda, FL 33980
S	Harry J. Thomas	23275 Bayshore Rd,	Punta Gorda, FL 33980

4. E-mail Address: *JudithKay@centurylink.net*

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.; further certify that when filing this reinstatement application, the reason for dissolution was user termination, the corporate party satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees and other requirements have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: *Judith K. Thomas* *Judith K. Thomas* 4-7-14 941-7649100

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RE 4/19/14