

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

10/30

97 OCT 29 AM 9:34

**DOCUMENT # 752554**

1. Corporation Name  
**PELICAN BAY APTS., INC.**

Principal Place of Business Mailing Address

**REED, DAVID**  
 101  
 LANTANA FL 33462  
 US

**PELICAN BAY APTS # 402**  
 300 CROTON AVENUE  
 LANTANA FL 33462  
 US



**REINSTATEMENT 97**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**Gerald A. Curylo**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**300 CROTON AVE. APT 402**

City & State City & State  
**LANTANA, FL.**

Zip Country Zip Country  
**33462 US**

4. Date Incorporated or Qualified To Do Business in Florida  
**05/20/1980**

5. FEI Number **59-2150558** Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	STORIN, ELAINE	300 CROTON AVE., APT. 201	LANTANA FL
SD	LAVIS, EDWARD	300 CROTON AVE., APT. 401	LANTANA, FL 00000
TD	VAN HOOGEN, PAULA	300 CROTON AVE., APT. 302	LANTANA FL
D	REED, DAVID Curylo, Gerald	300 CROTON AVENUE APT. 401-402	LANTANA FL
			3000002335453--0 -10/31/97--01093--010 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

**REED, DAVID**  
 300 CROTON AVENUE  
 APT. 101  
 LANTANA FL 33462

9. Name and Address of New Registered Agent

Name **Gerald A. Curylo**

Street Address (P.O. Box Number is Not Acceptable)  
**300 CROTON AVE, APT. # 402**

Suite, Apt. #, Etc.

City **LANTANA** State **FL** Zip Code **33462**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **10/27/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for Information on intangible tax.)

12. 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. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE OF ELAINE STORIN** 10/27/97 (561)585-5259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2ED040 (8/97)