

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL -2 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844880 1. Entity Name PELICAN WIRE CO., INC.			
Principal Place of Business 6266 TAYLOR ROAD NAPLES, FL 34109-1096 US		Mailing Address 6266 TAYLOR ROAD NAPLES, FL 33942	
2. Principal Place of Business - No P.O. Box # 3650 SHAW BLVD. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. SAME	
City & State NAPLES, FLORIDA		City & State SAME	
Zip 34117		Country COLLIER	
4. FEI Number 36-2912867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILL, LARRY G 3650 SHAW BLVD NAPLES, FL 34117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME BILL, LARRY G STREET ADDRESS 3650 SHAW BLVD CITY-ST-ZIP NAPLES, FL 34117	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 000105868400 07/10/07--01039--013 **300.00 </div>		
TITLE STD <input type="checkbox"/> Delete NAME BILL, THERESA A STREET ADDRESS 3650 SHAW BLVD CITY-ST-ZIP NAPLES, FL 34117	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP <input type="checkbox"/> Delete NAME BILL, THEODORE STREET ADDRESS 3650 SHAW BLVD CITY-ST-ZIP NAPLES, FL 34117	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Theresa A. Bile</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>6.27.07</u> Daytime Phone #: <u>239 3250107</u>	

7/5/07