

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F03086

1. Corporation Name

PELICAN PUB, INC.

FILED

99 JAN 14 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2635 NORTH RIVERSIDE DRIVE
C/O ROBERT W. WESTCOTT
POMPANO BEACH FL 33062

2635 NORTH RIVERSIDE DRIVE
C/O ROBERT W. WESTCOTT
POMPANO BEACH FL 33062

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/24/1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-2033939	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
DP	WESTCOTT, ROBERT	2635 W RIVERSIDE DR	POMPANO BCH, FL 0
VP	LAWLEY, MARK	6880 NW 75 COURT	PARKLAND FL
ST	LAWLEY, CAROL	6880 NW 75 CT	PARKLAND FL

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-01/20/99--01030--00
****900.00

REINSTATEMENT

1/14/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WESTCOTT, ROBERT W.
2635 NORTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert Westcott
REGISTERED AGENT MUST SIGN

Date 1-1-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Westcott
R. WESTCOTT

Date

Daytime Phone #

1-1-99 954-785-8510

CR2E040 (9/88)