

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # F45389

00 OCT -9 PM 2:22

1. Corporation Name

Pelican Walk, Inc.

Principal Place of Business

Mailing Address

6905 Thomas Drive

6905 Thomas Drive

Panama City Beach, FL 32408

Panama City Beach, FL 32408

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

2. New Principal Office Address, If Applicable  
6126 Thomas Drive

3. New Mailing Office Address, If Applicable  
6126 Thomas Drive

4. Date Incorporated or Qualified  
To Do Business in Florida

F45389 9/11/81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

592121916

Applied For

Not Applicable

City & State  
Panama City Beach, Fl

City & State  
Panama City Beach, FL

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	William P. Young	6126 Thomas Drive	Panama City Beach, Fl 32408

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10/19/00 01017 003

\*\*\*4736.25 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

Brian D. Hess  
9108 Front Beach Road  
Panama City Beach, FL 32408

9. Name and Address of New Registered Agent

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

*Brian D. Hess*

REGISTERED AGENT MUST SIGN

Date

9/22/00

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

Date

Daytime Phone #

AD

9/22/00

CF2E040 (1/98)