

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F59972**

1. Corporation Name

Pelican Cay Harbor Marina, Inc.

Principal Place of Business

Mailing Address

*299 Morrislane
Key Largo, Florida
33037*

SAME

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1981

5. FEI Number

59-2147087

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
President	<i>Clair T. McElfresh</i>	<i>7625 S.W. 167 Street</i>	<i>Miami Florida 33157</i>
Secretary/Treasurer	<i>Emily S. McElfresh</i>	<i>SAME</i>	
			800002012958--3
			-11/22/96--01104--013
			***390.00 ***390.00
			<i>GB 11/22/96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Emily S. McElfresh
7625 S.W. 167th Street
Miami, FL. 33157*

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent

Emily S. McElfresh

REGISTERED AGENT MUST SIGN

Date *November 18, 1996*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Emily S. McElfresh

Emily S. McElfresh

11/18/96

305-251-5361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #