

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -8 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93109

1. Corporation Name

PELICAN POINTE CORP.
c/o Carol Nies
1511 U.S. Highway 1
Sebastian, FL 32958

2. Principal Office Address

625 Oxford Place

Suite, Apt. #, etc.

City & State

Myrtle Beach, SC

Zip

29579

Country

3. Mailing Office Address

Suite, Apt. #, etc.

1511 U.S. Highway 1

City & State

Sebastian, FL

Zip

32958

Country

USA

700004547467--0
-08/21/01--01072--005
****900.00 ****900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/3/1982

5. FEI Number

59-2216797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carol Nies

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

1511 U.S. Highway 1

Suite, Apt. #, Etc.

City

Sebastian

State

FL

Zip Code

32958

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carol Nies

Date 8/6/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	VERNON, FOSTER	625 Oxford Place	Myrtle Beach, SC 29579
D	CALDWELL CHEEK	U.S. Highway One	Sebastian, FL 32958
ST	WILLIAM CANTER	U.S. Highway One	Sebastian, FL 32958

10. 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)(l), 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 #

CR2E081 (9/00)