


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| DOCUMENT # H74353                                 |  |  |
| 1. Entity Name<br>PELICAN MOBILE HOME SALES, INC. |  |   |

FILED  
04 NOV 30 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>1927 GULFVIEW DRIVE<br>HOLIDAY, FL 34691 | Mailing Address<br>1927 GULFVIEW DRIVE<br>HOLIDAY, FL 34691 |
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|---|---|
| 2. Principal Place of Business<br>2919 MADISON ST.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>2919 MADISON ST.<br>Suite, Apt. #, etc. |
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|                              |                              |                             |  |
|------------------------------|------------------------------|-----------------------------|--|
| City & State<br>MARIANNA, FL | City & State<br>MARIANNA, FL | 4. FEI Number<br>59-2572228 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>32446                 | Country<br>USA               | Zip<br>32446                | Country<br>USA   |



11142004 REIN-P CR2E098 (6/04)

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br>WERT, WILLIAM A.<br>1927 GULFVIEW DRIVE<br>HOLIDAY, FL 34690 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2919 MADISON STREET<br>City<br>MARIANNA FL Zip Code<br>32446 |  |
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|---|----------------|
| 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: <i>Miriam Wert</i> V. Pres   | DATE: 11/29/04 |

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| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>WERT, WILLIAM A.<br>1927 GULFVIEW DRIVE<br>HOLIDAY, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2919 MADISON ST.<br>MARIANNA, FL 32446 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>WERT, MIRIAM<br>1927 GULFVIEW DRIVE<br>HOLIDAY, FL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2919 MADISON ST.<br>MARIANNA, FL 32446 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>900043068759<br>11/30/04--01054--013 **150.00     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Miriam Wert</i> V. Pres   | DATE: 11/29/04 DAYTIME PHONE: 850 526 5170 |