2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # H74353						FIL			
1. Entity Name PELICAN MOBILE HOME SALES, INC.						04 NOV 30	AM 9: 52		
						SPORETARY	OF STATE EE, FLORIDA		
Principal Place of Business Mailing Address						TALLAHASS	EE, FLORIDA		
1927 GULFVIEW DRIVE 1927 GULFVIEW DRIVE					İ				
HOLIDAY, FL 34691 HOLIDAY, FL 34691									
2. Principal Place of Business 3. Mailing Address 2919 MADISON ST. 2919 MADISON]	! #1811 81816 81811 81811 B1111		
Suite, Apt. #, etc. Suite, Apt. #, etc.					11142004	REIN-P	CR2E098 (6/0-	4)	
City & State City & State					4. FEI Numb	or	·	Applied For	
MARIA		MARIANNA. FL				59-2572228 Not Applicable			
Zip Country		Zip Count		•	5. Certificate	of Status Desired	□ \$8.75 A		
32446	6. Name and Address of Current	32446 USA			7. Name and	7. Name and Address of New Registered Agent			
Name Name									
WERT, WILLIAM A. 1927 GULFVIEW DRIVE Street Address (F						er is Not Acceptable	e) _		
HOLIDAY, FL 34690 2919 MADISON STREET									
<u> </u>							1		
City					RIANNA			446	
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 /// Signadure, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00							with s. 607.193(2)(t not receive the prid		
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTO	ORS IN 11	
TITLE	PTD	☐ Delete	TITLE		7.00(110110	,011,110,2010 011	Chang		
NAME	WERT, WILLIAM A.				2010 200 - 1 07				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- Zip	2919 MADISON ST. MARIANNA, FL 32446				
TITLE	VSD	☐ Delete	TITLE		MINIMIA	Y PL J	C T 4 6	e Addition	
NAME	WERT, MIRIAM		NAM						
STREET ADDRESS CITY-ST-ZIP	1021 0021 11211 01111			ET ADDRESS - ST-ZIP					
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STREET ADDRESS	• • • •			ET ADDRESS -St-ZIP	11/3	0.7040105	4U13 ***!	50.00	
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NAME STREET ADDRESS	the property of the same of the same	Freezista and San		ET ADDRESS	•				
CITY-ST-ZIP	and the that the information and the transfer	this filing does not		-ST-ZIP	ted in Section 110.07/2	(i) Florida Statutas	I further corting that the	ne information	
12. I hereby certify that the information supplied with this filling 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 office 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.									
11/10 1/10 1/10 19haling 000 006 01/0									