

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# J53616

1. Corporation Name

PELICAN PROPERTIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

9060 GULF SHORE DR.  
NAPLES FL 34108  
US

Mailing Address

9060 GULF SHORE DR.  
NAPLES FL 34108  
US

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

2. New Principal Office Address, If Applicable

290 1815 ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

290 1815 ST  
Suite, Apt. #, etc.

City &amp; State

FORT MYERS BEACH FL

Zip 33931 Country USA

City &amp; State

FORT MYERS BEACH FL

Zip 33931 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/1987

5. FEI Number

34-1509925

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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

Title(s)

1

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

STD

CORCELLI, DONALD N

9060 GULF SHORE DR.

NAPLES FL 34108

VPD

CORCELLI, MARY E

9060 GULF SHORE DR.

NAPLES FL 34108

800003082438--

12/29/93-01006-004

\*\*\*\*150.00 \*\*\*\*150.00

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12/29/93-01006-004

\*\*\*\*150.00 \*\*\*\*150.00

800003082438--

12/29/93-01006-005

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

CORCELLI, DONALD N  
9060 GULF SHORE DR.  
NAPLES FL 33963

9. Name and Address of New Registered Agent

Name

DONALD N. CORCELLI

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

290 1815 ST

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

33931

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

REGISTERED AGENT MUST SIGN

Date

12/04/99

11. 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 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

12/04/99

Daytime Phone #

941-463-95