2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K59429 2006 JUN 20 AM 10: 27 1. Entity Name PELICAN HOMES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 12734 S PEMBROKE CIRCLE 12734 S PEMBROKE CIRCLE LAKE SUZY, FL 34226 US LAKE SUZY, FL 34226 2. Principal Place of Business 3. Mailing Address Lovi-NAN Hibaley Suite, Apt. #, etc. Sulte, Apt. #, etc. 05122006 REIN-P CR2E098 (11/05) 999 5. Tuniami Trai City & State City & State 4. FEI Number Applied For FL Ja ruso Tra 59-3055896 Not Applicable Country 1 SUA-Zip Country \$8.75 Additional 34239 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIHALEY, LORI-NAN Street Address (P.O. Box Number is Not Acceptable) 2999 S TAMIAMI TRAIL SARASOTA, FL 34239 City Zip Code 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 Corr. Now M SIGNATURE. a of recovered acent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE 18 \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠTRF PST ☐ Delete TITLE Change NAME DIEROLF, ERNST NAME STREET ADDRESS 12734, SW PEMBROKE CR. NORTH STREET ADDRESS CITY-ST-ZIP LAKE SUZY, FL 34266 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition DIFROLF ERNEST NAME NAME STREET ADDRESS 12734, SW PEMBROKE CR, NORTH STREET ADDRESS CITY-ST-ZIP LAKE SUZY, FL 34266 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition 700076636:\$**\$*** NAME DIEROLF, MARGARETHA A NAME 06/27/06--01031--010 ***300.00 STREET ADDRESS 12734, SW PEMBROKE CR. NORTH STREET ADDRESS CITY-ST-ZIP LAKE SUZY, FL 34268 CITY-ST-ZIP TITLE TITLE ☐ Delete : ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 frustee 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. DIEROLF EUST 6-15-2006 11/14 SIGNATURE:

FILED