

L00000004868

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN -7 AM 10:52

1/13

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



DOCUMENT # L00000004868

1. Limited Liability Company's Name

PELICAN CAPITAL, LLC

REINSTATEMENT

2001-2003

500009903655  
01/07/03--01030--002 \*\*250.00

2. Principal Office Address

7115 North Ocean Shore Blvd.

Suite, Apt. #, etc.

City & State

Palm Coast, Florida

Zip

32135

Country

Flagler

3. Mailing Office Address

c/o Friend, Hudak & Harris, LLP

Suite, Apt. #, etc.

3 Ravinia Drive, Suite 1450

City & State

Atlanta, Georgia

Zip

30346

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

04/24/2000

6. FEI Number

59-3642774

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Reginald P. McFarland

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

7115 North Ocean Shore Blvd.

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32135

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*Reginald P. McFarland*

REGISTERED AGENT MUST SIGN

Date 1-03-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Reginald P. McFarland	7115 North Ocean Shore Blvd.	Palm Coast, FL 32135

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

*Reginald P. McFarland*

Date 1-3-03

Daytime Phone # 770-818-5300 x500

Typed or printed name of signing Managing Member/Manager

Reginald P. McFarland

CR2EM1 (9/01)