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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012415

Name and Mailing Address

0001071 01 AT 0.292 **AUTO T6 1 0615 32034-432075



PELICAN BEACH, LLC
4075 DUNEWOOD PLACE
FERNANDINA BEACH FL 32034-4320

900026472479
01/08/04--01015--016 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/21/2002	
Principal Place of Business 4075 DUNEWOOD PLACE FERNANDINA BEACH FL 32034	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3670338	Applied For Not Applicable
8. Name and Address of Current Registered Agent NICKLAS, JILL 4075 DUNEWOOD PLACE FERNANDINA BEACH FL 32034		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 01/15/2004 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	NICKLAS, JILL	4075 DUNEWOOD PL	FERNANDINA BEACH, FL 32034
12. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 01/15/2004 Daytime Phone # Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT 03-04
[Signature]

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1-8-04 01015-019
\$50.00