

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: aaliaj@dismangement.com

**LIMITED LIABILITY REINSTATEMENT
PELICAN ACQUISITION, LLC**

Certificate of Status	1
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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000002891 1. Limited Liability Company's Name Pelican Acquisition, LLC			
2. Principal Office Address - No P.O. Box # 550 Post Oak Blvd. Suite, Apt. #, etc. Suite 400 City & State Houston, TX Zip 77027		3. Mailing Office Address 550 Post Oak Blvd. Suite, Apt. #, etc. Suite 400 City & State Houston, TX Zip 77027	
Country USA		Country USA	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 01/12/2004			
6. FEI Number 20-0570612		Applied For <input type="checkbox"/> Not Applied For	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 additional fee required for a certificate of status			
8. Name and Address of Current Registered Agent Name Capitol Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite, 155 Office Plaza Drive Apt. #, Etc. Suite A City Tallahassee State FL Zip Code 32301			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <u>Teresa Sharpley</u> REGISTERED AGENT MUST SIGN Teresa Sharpley, Asst. Sec. on behalf of Capitol Corporate Services, Inc. Date <u>12/20/2016</u>			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	David Saperstein	550 Post Oak Blvd., Suite 400	Houston, TX 77027
MGR	Jonathan Saperstein	550 Post Oak Blvd., Suite 400	Houston, TX 77027
<h1>REINSTATEMENT</h1>			
11. E-mail Address: <u>aallia@dismanagement.com</u> <small>(To be used for future annual report notifications)</small>			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.			
Signature of authorized representative/member <u>[Signature]</u>		Date <u>12/19/16</u> Daytime Phone # <u>713-613-5811</u>	
Typed or printed name of signing authorized representative/member <u>David Saperstein</u>			

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