

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 15 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

LD5000044860

1. Limited Liability Company's Name

Pelican Leasing, LLC

100145460701  
03/10/09--01038--011 \*\*516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
2808 NE 25th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip  
33305

Country  
USA

3. Mailing Office Address  
2808 NE 25th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip  
33305

Country  
USA

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 5/11/05

6. FEI Number  
20-2813610

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  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*David Billitier*  
REGISTERED AGENT MUST SIGN

Date

April 4, 2009

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
MGRM	David Billitier	2808 NE 25th Street	Ft. Lauderdale, FL 33305

REINSTATEMENT

2007-09

JB

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

*David Billitier*

Date

3/1/09

Daytime Phone #

954 566-8666

Typed or printed name of signing Managing Member/Manager DAVID BILLITIER