PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 MAR 16 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700172296377
03/16/10--01023--002 **416.25
CR2E041 (11/09)

DOCUMENT # L06000002000

1. Limited Liability Company's Name: FIVE PELICAN INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Ixora Realty 4760 Tamiami Trail	c/o Ixora Realty 4760 Tamiami Trail
Suite, Apt. #, etc. Suite 24	Suite, Apt. #, etc. Suite 24
City & State Naples, Florida	City & State Naples, Florida
Zip: 34103 Country: USA	Zip: 34103 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/06/2006

6. FEI Number: ☐ 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: Novatt, Jeff M. Esq.

Street Address (P.O. Box Number is Not Acceptable): Cheffy Passidomo, P.A.

Suite, Apt. #, Etc.: 821 Fifth Avenue South, Suite 201

City: Naples | State: FL | Zip Code: 34102

☒ 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: _____ Date: 3/8/10
REGISTERED AGENT MUST SIGN

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	Adda, Rene	4760 Tamiami Trail, #24	Naples, FL 34103
MGRM	Benbunan, Jean L.	4760 Tamiami Trail, #24	Naples, FL 34103
MGRM	Kanoui, Aime	4760 Tamiami Trail, #24	Naples, FL 34103
		REINSTATE	
			08,09,10

11. E-mail Address: ernest@sittenfeld.com
(To be used for future annual report notifications)

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: _____ Date: 3/8/10 Daytime Phone #: 239-659-1112

Typed or printed name of signing Managing Member/Manager: Rene Adda