

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L44926

1. Entity Name  
PELICAN LAKE TREE FARMS, INC.



FILED

05 JAN 14 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O OASIS TREE FARMS  
P.O. BOX 539  
PAHOKEE, FL 33476

Mailing Address  
C/O OASIS TREE FARMS  
P.O. BOX 539  
PAHOKEE, FL 33476

2. Principal Place of Business  
400 Madison Avenue

3. Mailing Address  
400 Madison Avenue

Suite, Apt. #, etc.  
Suite 1101

Suite, Apt. #, etc.  
Suite 1101

City & State  
New York, NY

City & State  
New York, NY

Zip  
10017

Country  
USA

Zip  
10017

Country  
USA

01042005 REIN-P CR2E098 (6/04)

REINSTATEMENT  
65-0171667

04-05

Applied Fee  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

YUSEM, RICHARD  
C/O OASIS TREE FARMS  
372 BARFIELD HWY  
PAHOKEE, FL 33476

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
372 Barfield Highway  
City Pahokee FL Zip Code 33476

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE DP  
NAME BROOKS, ALVIN EUGENE  
STREET ADDRESS 4730 HYPOLOKO RD  
CITY-ST-ZIP LAKE WORTH, FL ☒ Delete

TITLE DTS  
NAME YUSEM, RICHARD G.  
STREET ADDRESS 389 OREGON LANE  
CITY-ST-ZIP BOCA RATON, FL 33487 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/D  
NAME Taso Kalapoutis  
STREET ADDRESS 400 Madison Avenue, Suite 1101  
CITY-ST-ZIP New York, NY 10017 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TASO KALAPOUTIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

212-644-9691

Daytime Phone #