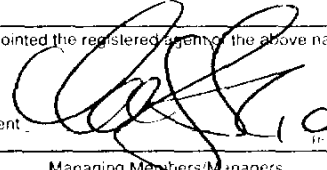
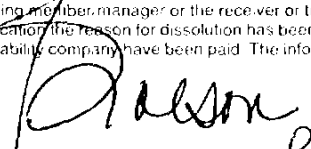


L97000001353

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -9 PM 3:48	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L97000001353 THE CLUB AT PELICAN STRAND, L.C. 10621 Airport Pulling Road ., Ste 1 Naples FL 34109			1a. Principal Place of Business Address same		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a					
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/04/97 4. FEI Number 59-3478396. 5. Date of Last Report None filed	
3a. State of Formation Florida ☐ Applied For ☐ Not Applicable		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent Leo J. Salvatori, Esq. 4501 Tamiami Trail N., Suite 300 Naples FL 34103			8. Name and Address of New Registered Agent Name Naples-Lawdock, Inc. Street Address (P.O. Box Number is Not Acceptable) 4501 Tamiami Trail N. Suite, Apt. #, etc. Suite 300 City Naples Zip Code FL 34103-3060		
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  Leo J. Salvatori, Esq. Date 1/29/99					
10. Title MGRM	Managing Member/Managers Pelican Strand Development Corporation	Business Street Address 10621 Airport Pulling Road N., Suite 1		City, State & Zip Code Naples FL 34109	
REINSTATEMENT 98.99					
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  Date _____ Daytime Phone # 9415927344					
Typed or printed name of signing Managing Member-Manager Rence Tolson					