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

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a

1a. Principal Place of Business Address: same

2 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 12/04/97
3a. State of Formation: Florida
4. FEI Number: 59-3478396. ☐ Applied For ☐ Not Applicable
5. Date of Last Report: None filed
6. Certificate of Status Desired: $8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
Leo J. Salvatori, Esq. 4501 Tamiami Trail N., Suite 300 Naples FL 34103	Name: Naples-Lawdock, Inc. Street Address (P.O. Box Number Is Not Acceptable): 4501 Tamiami Trail N. Suite, Apt #, etc: Suite 300 City: Naples FL Zip Code: 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: [signature], as Vice President Date: 1/29/99

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Pelican Strand Development Corporation	10621 Airport Pulling Road N., Suite 1	Naples FL 34109

REINSTATEMENT 98, 99

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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: [signature] Date: Daytime Phone # 9415923344

Typed or printed name of signing Managing Member/Manager: Renee Tolson

CR2E041 12/97