

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

1987-2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M32357

1. Corporation Name

Pelican U.S.A. Corp.

2. Principal Office Address - No P.O. Box #

177 Ocean Lane Drive

3. Mailing Office Address

177 Ocean Lane Drive

Suite, Apt. #, etc.

Apt. 504

Suite, Apt. #, etc.

Apt. 504

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

USA

Zip

33149

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

May 20, 1986

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge Luis Lopez-Garcia, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1450 Madruga Avenue

Suite, Apt. #, Etc.

Suite 408

City

Coral Gables

State

FL

Zip Code

33146

800299126169
05/10/17--01050--023 **8.75

800299126169
05/10/17--01050--022 **5250.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/5/17

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Sebastian Tenna	177 Ocean Lane, Drive, Apt. 504	Key Biscayne, FL 33149
P	Sebastian Tenna	177 Ocean Lane Drive, Apt. 504	Key Biscayne, FL 33149
Sec	Sebastian Tenna	177 Ocean Lane Drive, Apt. 504	Key Biscayne, FL 33149
Treas	Sebastian Tenna	177 Ocean Lane Drive, Apt. 504	Key Biscayne, FL 33149

10. E-mail Address: jorge@lopezgarcia.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sebastian Tenna, Director

05/11/2017 305-281-7857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #