

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000002674**

**1. Corporation Name**

Pelican Palms Homeowners Association, Inc.

**2. Principal Office Address:**

82779 Old Highway

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

USA

**3. Mailing Office Address**

P.O. Box 1091

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

USA

**FILED**

04 MAY 12 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 97-04**  
TR

**4. Date Incorporated or Qualified  
To Do Business in Florida 05/30/1996**

**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

Robert Cintron, Jr.

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

Morgan & Hendrick

Suite, Apt. #, Etc.

317 Whitehead Street

City

Key West

State  
**FL**

Zip Code  
**33040**

**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 **5/6/2004**

**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
P/D	Charles Satek	82779 Old Highway, Lot 9	Islamorada, FL 33036
V/D	Ronald Whitten	82779 Old Highway, Lot 33	Islamorada, FL 33036
S/D	Slyvia Farwell	82779 Old Highway, Lot 22	Islamorada, FL 33036
D	Peter Gregory	82779 Old Highway, Lot 17	Islamorada, FL 33036

**10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:**

**CHARLES SATEK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-10-04**  
Date

**305-664-9446**  
Daytime Phone #