PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 14 AM 8:00

DOCUMENT # N96000005592

REINSTATEMENT 98-04 MRD

1. Corporation Name
PELICAN PLACE OF DESTIN HOMEOWNERS ASSOCIATION, INC

2. Principal Office Address	3. Mailing Office Address
236 PELICAN PLACE WEST	P.O. BOX 974
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: DESTIN, FL	City & State: DESTIN, FL
Zip: 32541 Country: USA	Zip: 32540 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/1/03

5. FEI Number: 59-3378166 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: BOB SCHMIDT
200038094542
06/18/04--01050--003 **012.50
Street Address (P.O. Box Number is Not Acceptable): 833 KELL-AIRE DR.
Suite, Apt. #, Etc.:
City: DESTIN State: FL Zip Code: 32541

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: Bob Schmidt Date: 6/4/04
REGISTERED AGENT MUST SIGN

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	ANN WALLACE	244 MATTIES WAY	DESTIN FL 32541
D	LEE ANNA THOMPSON	234 PELICAN PLACE #104	DESTIN FL 32541
D	ANNIE SCHULDT	234 PELICAN PLACE #3W	DESTIN FL 32541

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: See Sheet attached for Signature Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

For Signature purpose Only.

DOCUMENT #

1. Corporation Name

Pelican Place Of Destin Homeowners Association, Inc.

2. Principal Office Address	3. Mailing Office Address
235 Pelican Place West	P.O. Box 974
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State: Destin, FL	City & State: Destin, FL
Zip: 32541 Country: USA	Zip: 32540 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: [illegible] 83

5. FEI Number: 59-[illegible] Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Bob Schmidt

Street Address (P.O. Box Number is Not Acceptable): [illegible]

City: Destin FL Zip: 32541

8. Having been named the registered agent of the above named corporation, I am familiar with and accept the obligations of [illegible] F.S.

Signature of Registered Agent: Bob Schmidt Date: [illegible]

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ann Wallace	244 Matthews Way	Destin FL 32541
D	[illegible] Anna Thomas	234 Pelican Place #104	Destin FL 32541
D	Annie Schmidt	234 Pelican Place #[illegible]	Destin FL 32541

I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter [illegible] F.S. I further certify that [illegible] to complete this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section [illegible] F.S., [illegible] owed by the corporation have been paid and the names of individuals listed on this form do not [illegible] for the exemption under section [illegible] 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: Ann P. Wallace 6/11/04 (850) 837-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

ANN P. WALLACE