2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000140411

1. Entity Name
KISSING PELICANS, INC.

FILED
04 NOV 16 AM 11: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10262004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1018 NE 203 LANE MIAMI, FL 33179 Change	1018 NE 203 LANE MIAMI, FL 33179

2. Principal Place of Business	3. Mailing Address
NEW PORT Pier	067) 01 PIER Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunny Isles Beach	City & State
Zip: 33160 / Country: MIA DADE	Zip: 33160 / Country: USA

4. FEI Number 152-28-8702 / 34-4544568 — Applied For / ✓ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOADLEY, ROBERT O 1018 NE 203 LANE MIAMI, FL 33179	Name: ROBERT C. HOADLEY Street Address (P.O. Box Number is Not Acceptable): 1018 NE 203rd Lane City: MIAMI FL Zip Code: 33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOADLEY, ROBERT O 1018 NE 203 LANE MIAMI, FL 33179 ☐ Delete — Same	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOADLEY, CHEYNNE 1018 NE 203 LANE MIAMI, FL 33179 ☐ Delete — Same	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/23

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11-10-04 786 256-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #