PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	FILED .
05,06 407	DIVISION OF CORPORATIONS	2007 JUL 24 PM 12: 44
DOCUMENT # PO3000155884  1. Corporation Name PELICAN PROFESSIONAL POOL SERVICES, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA 600106655726 07/25/0701005002 **450.00
		87725797=~91995=-992 **458.00
2. Principal Office Address - No P.O. Box #  6392 Fax Run CIRCUE	3. Mailing Office Address  (0392 Fox Ryn CIRCLE	CR2E081 (1/07)
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State	4. Date Incorporated or Qualified To Do Business in Florida
JUPITER FL	JUPITER FL	5. FEI Number Applied For Not Applicable
2ip Country 33458 USA	33458 Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirec for a Certificate of Status
7. Name and Address of	Current Registered Agent	
Name  JOSEPH J. HUERTAS  Street Address (P.O. Box Number is Not Acceptable)  6.792 FOX RUN CIRCL  Sulte, Apt. #, Etc.	E	The reinstatement fee is imposed, except in / circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
JUPITER	State Zip Code FL 33458	MOVED TWICE IN 3 YEARS
Signature of Registered Agent   REGISTERED AGENT MUST SIGN  1, 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.  Date 7/9 67		
9. Names and Street Addresses of Each Officer and	Nor Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PRES JOSEPH J. HUER	ETAS 6392 FOX RUNCIRCO	I JURITER, FZ 33458
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 filling 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 contained in Chapter 119, 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone &		
Mopar Paris - Accessories - Categories - Subcategories		

Ms. Thelma Lewis Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

July 19, 2007

Dear Ms. Lewis,

Thank you so much for your help on the phone today. Please find enclosed my corporate reinstatement form for Pelican Professional Pool Services, Inc. P03000155884 and a check for \$450.00. I am requesting the Reinstatement Fee of \$600.00 be waived as I did not receive the prior notices likely because I moved twice in a three year period. I have informed my wife that she can bury me in the back yard because I am not moving again. Therefore, any future notices from the Department of State should reach me.

Your colleague Sylvia Gilbert has my file and has told me she will hand it off to you while she is on vacation next week. I would like to change the name of the corporation and have myself appointed as registered agent. According to Ms. Gilbert all of that is in good order save the above referenced reinstatement issue which I hope the enclosed resolves to your satisfaction.

Should you have any questions or comments, please do not hesitate to contact me. Thank you for all your time and assistance in this matter.

Sincerely

Joseph J. Huertas

6392 Fox Run Circle Jupiter, Florida 33458

561 746 1076 Home 561 254 7829 Cell