

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 11 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050126

1. Corporation Name

PERALTA PELICAN ISLE, INC.

Principal Place of Business

Mailing Address

9882 LAJOLLA FARMS RD
LA JOLLA CA 92037
US

~~60 YORK STREET~~
215 N WOODS DR
SOUTH ORANGE NJ 07079
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1993

5. FEI Number

13-3729542

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DE PERALTA, ARMANDO	9882 LA JOLLA FARMS ROAD	LA JOLLA CA
T	KATZ, SEYMOUR	215 NO. WOODS	SO ORANGE NJ 07079
SD	THEODORE J VITTORIA JR	630 FIFTH AVENUE	NEW YORK NY
			700003220917--6 -04/24/00--01119--023 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

DEAN, JEFFREY M.
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name F E L Corp.

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

200 Laura Street North

Suite, Apt. #, Etc.

Third Floor

City

Jacksonville

State

FL

Zip Code

32202

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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: ARMANDO DE PERALTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/00

Daytime Phone #

858-457-4680

KE

CR2E040 (8/99)