

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000038083			
1. Corporation Name PELICAN MORTGAGE CORP. 5552-2 MALT DR. FT. MYERS, FL 33907			
2. Principal Office Address 5552-2 MALT DR Suite, Apt. #, etc.		3. Mailing Office Address SAML Suite, Apt. #, etc.	
City & State FT. MYERS, FL		City & State	
Zip 33907	Country USA	Zip	Country

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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REINSTATEMENT
01-02

7. Name and Address of Current Registered Agent		
Name Deborah A. Belford		
Street Address (P.O. Box Number is Not Acceptable) 5552-2 MALT DR		
Suite, Apt. #, Etc.		
City FT. MYERS, FL	State FL	Zip Code 33907

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**

Deborah A. Belford
REGISTERED AGENT MUST SIGN

Date 8-5-02

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
Mr	Deborah A. Belford	5552-2 Malt Dr	FT. MYERS, FL 33907
Mr	Don R. Gritt	5552-2 MALT DR	FT. MYERS, FL 33907

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

Deborah A. Belford
Deborah A. Belford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-02 239-571-0228

Date

Daytime Phone #

CR2081 (2/01)

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