PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1996 DEC -3 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032925

1. Corporation Name
Pelican Development, Inc.

Principal Place of Business / Mailing Address
7500 N.W. 5 Street
Plantation, FL 33317

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing 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: 4/24/95

5. FEI Number: 65-0643293 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	Cuthbertson, William	7500 N.W. 5 Street	Plantation, FL 33317
VP/T/D	Tonn, Gene	7500 N.W. 5 Street	Plantation, FL 33317
		TAX AUDIT NO. H96000016877	
→	PREPARED BY:	GARY L. RUDOLF, ESQUIRE 100 N.E. Third Avenue, Suite 1100 Fort Lauderdale, FL 33301 (954) 462-3300 Fla. Bar No. 201005	
		REINSTATEMENT '96 SCC 12-3-96	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: EMO Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 100 N.E. Third Avenue, Suite 1100
Suite, Apt. #, Etc.:
City: Fort Lauderdale | State: FL | Zip Code: 33301

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: Delia H Christie, Asst Sec. Date: 12/2/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ X

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the reporter 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., and that all fees owed by the corporation have been paid. The information supplied on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ President 12-2-96 (954) 474-4000
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

COD

ENGLISH MCCAUGHAN 12/03/96 TUE 11:36 FAX 954 763 2130

12/02/96 #P96000032925-0

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H96000016877 8)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: ENGLISH, MCCAUGHAN & O'BRYAN, P.A. ACCT#: 076067004147
CONTACT: DEBRA H CHRYSTIE
PHONE: (305)462-3300 FAX #: (305)763-2439

NAME: PELICAN DEVELOPMENT, INC.
AUDIT NUMBER.....H96000016877
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $375.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

RECEIVED
96 DEC -3 PM 12:04
DIVISION OF CORPORATIONS