

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES

AND
FILED

96 DEC 13 PM 12:58

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries.
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

Pelican Limousines, Inc.
1220 N.E. 3rd Street, Suite 301
Fort Lauderdale, FL 33301

595000045684

2. If Address in Block 1 is not a P.O. Box, enter the correct address below:

Address
1145 N.E. 9th Avenue

City and State
Ft. Lauderdale, FL

Zip Code
33304

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida
6/6/95

5. FEI Number

59-3318940

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Danny French	1145 N.E. 9th Avenue	Ft. Lauderdale, FL 33304

3000002030163--3
-12/17/96--01040--004
****375.00 ****375.00

REINSTATEMENT 1996

Q. Now
12/12/96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Danny French
1220 N.E. 3rd Street, Suite 301
Fort Lauderdale, FL 33301

9. If changed, now registered agent / office

Name
Danny French

Street Address (Do NOT Use P.O. Box Number)

1145 N.E. 9th Avenue

Street Address (Do NOT Use P.O. Box Number)

Ft. Lauderdale

City

Ft. Lauderdale

State

FL

Zip

33304

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]
REGISTERED AGENT MUST SIGN

Date **Dec 12, 1996**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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

(See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

[Signature] Date **12/12/96**

Daytime Phone # **954 423 8063**

Typed or printed name of signing officer or director **Danny French**