


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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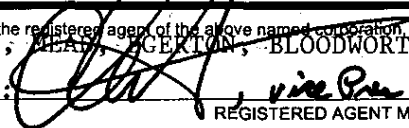
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400023635354
10/08/03--01011--004 **150.00

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000054981 1. Corporation Name WHITE PELICAN ENTERPRISES, INC.	
2. Principal Office Address 3207 E. Shamrock Suite, Apt. #, etc. #6 City & State Tallahassee, FL Zip 32309	3. Mailing Office Address P. O. Box 2346 Suite, Apt. #, etc. City & State Orlando, FL Zip 32802-2346
Country US	Country US


4. Date Incorporated or Qualified To Do Business in Florida 07/17/1995
5. FEI Number 59-3327301
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name Dean Mead Services, LLC Street Address (P.O. Box Number is Not Acceptable) 800 N. Magnolia Avenue Suite, Apt. #, Etc. Suite 1500 City Orlando		State FL	Zip Code 32803
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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.
 BY: **DEAN, MEAD, AGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.L.A.**
 Signature of Registered Agent BY:  Date **10/06/03**
 REGISTERED AGENT MUST SIGN

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
DPST	Wallace, Jayne T.	3207 E. Shamrock, #6	Tallahassee, FL 32309

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:  **Jayne T. Wallace, Pres.** **850-906-9110**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (10/02)

7/10/9

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.

ATTORNEYS AND COUNSELORS AT LAW

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October 6, 2003

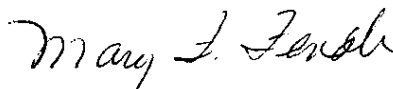
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of White Pelican Enterprises, Inc.
Document #P95000054981

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement form for the above-referenced corporation and the corporation's check in the amount of \$150.00 payable to the Florida Department of State. Jayne Wallace, President of White Pelican Enterprises, Inc., did not receive the 2003 Uniform Business Report for White Pelican Enterprises, Inc. and we ask that you waive the \$600.00 reinstatement fee that would otherwise be due.

Sincerely,



Mary F. Fendle, Paralegal

:mf

Enclosures

cc: Jayne T. Wallace w/enclosures
Charles H. Egerton, Esq. w/enclosures

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