

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 28 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075930

1. Corporation Name

PELICAN TRUST PROPERTIES, INC.

2. Principal Office Address

717 N.W. 71st. Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33141

Country
U.S.

3. Mailing Office Address

7553 Adventure Avenue

Suite, Apt. #, etc.

City & State

N. Bay Village, Fl.

Zip
33141

Country
US

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/13/95

5. FEI Number
65 0620458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAMUEL S. FORMAN

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

717 N.W. 71st. Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33150

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

Date 08/27/01

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
PSTD	Samuel S. Forman	7553 Adventure Avenue	N. Bay Village, Fl. 33141

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:

SAMUEL S. FORMAN, President 8/27/01 (305) 691-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)