

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JAN 18 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032712

1. Corporation Name

PELICAN PLACE OF DESTIN, INC.

2. Principal Office Address

2 Eglin Pkwy s.e.

Suite, Apt. #, etc.

City & State

Fort Walton, FL

Zip
32548

Country

3. Mailing Office Address

2 Eglin pkwy S.E.

Suite, Apt. #, etc.

City & State

Fort Walton, FL

Zip
32548

Country
usa

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

April 11, 1996

5. FEI Number

59-3378166

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

Willima A. Welch

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

4801 Rosemont Pl.

Suite, Apt. #, Etc.

City

Pensacola, FL 32514

State
FL

Zip Code
32514

800003103398-0

-01/20/00--01003--008

****900.00 ****300.00

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 1-13-00

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
P	William A. Welch	4801 Rosemont Pl.	Pensacola, FL 32514

REINSTATEMENT 99-00

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)(l), 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:

William A. Welch

1-13-00

(850) 244-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)