

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P96000059144

1. Corporation Name

Red Pelican Ventures, Inc.

2. Principal Office Address - No P.O. Box #

1350 Beach Road

Suite, Apt. #, etc.

City & State

Englewood, Florida

Zip

34223

Country

3. Mailing Office Address

PO Box 912

Suite, Apt. #, etc.

City & State

Normandy Beach, NJ

Zip

08739

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/12/1996

5. FEI Number

65-0683443

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

Paul Robert DuPont Jr.

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

315 Palmetto Road W

Suite, Apt. #, Etc.

City

Nokomis

State

FL

Zip Code

34275



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

3/21/07

**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	Julia DuPont	1674 East Drive	Point Pleasant, NJ 08742

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 contained in Chapter 119, 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:

Julia DuPont Julia DuPont 4/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

732 295 7008

FILED

07 APR 16 PM 1:01

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 00-07  
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