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APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 4:52

REINSTATEMENT

97-01
SP

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

1. Name and Mailing Address of Corporation: DOCUMENT # P96000076219

EL PELICANO, INC.
1414 Guiles Road
Brandon, FL 33511

2. If Address in Block 1 is incorrect, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida
9/12/96

4. FEI Number
59-2400870

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
1	2	3	4
D	VALDIVIA, CRAIG C.	1414 Guiles Road	Brandon, FL 33511

100004651561--4
-10/24/01--01041--001
***1350.00 ***1350.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Carey, Michael R.
100 S. Ashley Drive
Suite 1190
Tampa, FL 33602

8. Name and Address of New Registered Agent and/or Office

Name

Joseph L. Diaz, Esquire

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

2522 W. Kennedy Boulevard

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

City and State

Tampa, FL

Zip

FL 33609

9. 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

Joseph L. Diaz

REGISTERED AGENT MUST SIGN

Date

9-27-01

10. 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.)

11. 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.)

12. 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

Joseph L. Diaz

Date

9-27-01

Daytime Phone #

(813) 247-7026

Typed or printed name of signing officer or director

CR2E040 (8/92)