PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY 30 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086124

1. Corporation Name
Pelican Strand Marketing Group, Inc.

Principal Place of Business
5645 Strand Boulevard
Suite 3
Naples, FL 34110

Mailing Address
Same

98-99 AR

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5645 Strand Boulevard
Suite, Apt. #, etc
Suite 3
City & State
Naples, FL
Zip 34110 Country USA

3. New Mailing Office Address, If Applicable
5645 Strand Boulevard
Suite, Apt. #, etc
Suite 3
City & State
Naples, FL
Zip 34110 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
10/6/97

5. FEI Number
59-3473110
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	W. Neil Dorrill	5800 Strand Boulevard	Naples, FL 34110
VP/D	Robert Paul Hardy	5645 Strand Boulevard, #3	Naples, FL 34110
S/T/D	Renee Tolson	5645 Strand Boulevard, #3	Naples, FL 34110

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****308.75 ****308.75

8. Name and Address of Current Registered Agent
John D. Humphreville
Quarles & Brady
4501 Tamiami Trail North, Suite 300
Naples, FL 34103

9. Name and Address of New Registered Agent
Name
Naples-Lawdock, Inc.
Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail North,
Suite, Apt. #, Etc.
Suite 300
City
Naples
State FL Zip Code 34103

CR2E041 (12/98)

10. 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 V.P.
REGISTERED AGENT MUST SIGN

Date 4-15-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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., 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: Sec/Treasurer 4.28.98 941-592-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #