

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000095222 1. Entity Name PELICAN LANDING PROPERTY MANAGEMENT, INC.						FILED 05 DEC 27 PM 1:39 SECRETARY OF STATE FLORIDA REINSTATEMENT 05	
Principal Place of Business 3566 GLENWATER LANE BONITA SPRINGS, FL 34134 US				Mailing Address P.O. BOX 366068 BONITA SPRINGS, FL 34136			
2. Principal Place of Business		3. Mailing Address		 152005 REIN-P CR2E098 (6/04) 4. FEI Number 76-0553146 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SIERTS, MICHAEL 25571 FENNER CIR. BONITA SPRINGS, FL 34135				Name Friedrich Schwartz Street Address (P.O. Box Number is Not Acceptable) 4745 Stratford Court # 2304 City Naples FL Zip Code 34105			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Friedrich Schwartz</i></u> DATE <u>12-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SIERTS, MICHAEL <input type="checkbox"/> Delete 25571 FENNER CIR. BONITA SPRINGS, FL 34135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000063540470 01/12/06--01009--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Klaus Thoma</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>12-15-05</u> Daytime Phone # <u>713-966-7204</u>			