

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

DOCUMENT # P99000015623

1. Corporation Name

Pelican Foods, Inc.

2. Principal Office Address

1266 S. Pinellas Avenue

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

Zip

34689

Country

Pinellas

3. Mailing Office Address

1266 S. Pinellas Avenue

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

Zip

34689

Country

Pinellas

REINSTATEMENT 03-04

MRS

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

2-17-99

5. FEI Number

593564957

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

Justin G. Joseph, Esq.

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

1266 S. Pinellas Avenue

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

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

Justin G. Joseph
REGISTERED AGENT MUST SIGN

Date

12-1-04

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
PS	Fragale, John C.	1266 S. Pinellas Avenue	Tarpon Springs, FL 34689

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12/06/04--01053--004 **900.00

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)(f), 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:

John C. Fragale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Fragale

Date

11-28-04

Daytime Phone #