

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

03 FEB -4 PM 3:40

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000020563**

**1. Corporation Name**

**PELICAN SERVICE & COLLISION CENTER INC**

**2. Principal Office Address**

**2765 FOWLER ST**

Suite, Apt. #, etc.

City & State

**FT. MYERS FL**

Zip

**33901**

Country

**USA**

**3. Mailing Office Address**

**2419 EAST MALL DR**

Suite, Apt. #, etc.

City & State

**FT. MYERS, FL**

Zip

**33901**

Country

**USA**

**REINSTATEMENT 01-03**

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

**3-4-99**

**5. FEI Number**

**650907482**

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

**RODERICK D. MCLEOD**

**700011630657**

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

**2419 EAST MALL DR**

**02/03/03 01107 011 \*\*1050.00**

Suite, Apt. #, Etc.

City

**FT. MYERS FL 33901**

State  
**FL**

Zip Code

**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

**Roderick D. McLeod**  
REGISTERED AGENT MUST SIGN

Date **1-31-03**

**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
<b>P</b>	<b>MICHAEL DEMONTIGNY</b>	<b>4409 SE 10TH AVE</b>	<b>CAPE CORAL, FL 33904</b>

**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)(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:**

**MICHAEL DEMONTIGNY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-03**

Date

**239-939-7635**

Daytime Phone #

CR2E081 (9/01)