

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -4 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028282

1. Corporation Name

SUN PELICAN, INC.

2. Principal Office Address

28 PELICAN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

28 PELICAN DRIVE

Suite, Apt. #, etc.

City & State

Ft. Lauderdale Florida

City & State

Ft. Lauderdale, Florida

Zip

33301

Country

Zip

33301

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-29-1999

5. FEI Number

NOT APPLICABLE

☒ 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

Louis D. Zarksky

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

555 N.E. 15th St. Ste 100

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33132

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/27/02

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
<u>PD</u>	<u>LAURENCE Rodriguez</u>	<u>555 N.E. 15 St.</u>	<u>Miami FL 33132</u>
<u>V</u>	<u>Alexander Rodriguez</u>	<u>555 N.E. 1st St.</u>	<u>Miami FL 33132</u>
<u>S</u>	<u>Alix J.M. Apollon</u>	<u>16340 S.W. 89 Place, MIAMI</u>	<u>Miami, FL 33157</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alix J.M. Apollon 2/26/02 (305) 827-7208

CR2E081 (9/01)