

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000046282

1. Corporation Name

PELICAN COVE RESORTS, INC.

Principal Place of Business

125 BRIGHTWATER DRIVE  
CLEARWATER FL 33767

Mailing Address

125 BRIGHTWATER DRIVE  
CLEARWATER FL 33767

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Caladesi RV Park  
205 Dempsey Rd  
Palm Harbor FL  
34683 US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1999

5. FEI Number

59-3575056

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DESTEFANO, ROBERT W	125 BRIGHTWATER DRIVE	CLEARWATER FL 33767
D	DESTEFANO, DONNA L	125 BRIGHTWATER DRIVE	CLEARWATER FL 33767

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

LABRECQUE, EDWARD C  
1202 NEBRASKA AVE.  
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Edward C. Labrecque  
Donna L. DeStefano  
REGISTERED AGENT MUST SIGN

Date

10-20-03

10-9-03

11. 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:

Donna L. DeStefano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
10-9-03 727 515 9050  
Date Daytime Phone #

CR2E040 (7/03)



# Pelican Cove Motel

(on The Bay)

125 Brightwater Drive • Clearwater Beach, Florida 33767

(727) 442-3735

Fax (727) 461-2541

[www.pelicancovemotel.com](http://www.pelicancovemotel.com)

Bob & Donna DeStefano

"Come as our guests, leave as our friends"

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10-9-03

Dear Sirs,

Enclosed find a Check  
for the \$150<sup>00</sup> fee. Received  
a Certificate of Administration  
Dissolution or Revocation  
yesterday and was shocked.  
We never received the  
forms to take care of  
this.

If any problem please  
advise. Thank you for  
your time

Sincerely  
Donna DeStefano