

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 APR 11 PM 1:56

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 99 000075987

1. Corporation Name:
Pelican Cove Motel Inc.

2. Principal Office Address:
23275 Bayshore Rd, 23275 Bayshore Rd,

City & State:
Punta Gorda FL, Punta Gorda FL

3. Name and Address of Current Registered Agent:
33980 Charlotte, 33980 Charlotte

Signature of Registered Agent:
Judith K. Thomas
23275 Bayshore Rd,

City:
Punta Gorda FL 33980

Signature of Registered Agent:
Judith K. Thomas
REGISTERED AGENT MUST SIGN

Title	Name of Officer or Director	Street Address of each Officer or Director	City / State / Zip
P	Judith K. Thomas	23275 Bayshore Rd,	Punta Gorda, FL 33980
S	Harry J. Thomas	23275 Bayshore Rd,	Punta Gorda, FL 33980

4. E-mail Address: *JudithKay@centurylink.net*

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.; further certify that when filing this reinstatement application, the reason for dissolution was user termination, the corporate party satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees and other requirements have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: *Judith K. Thomas* *Judith K. Thomas* 4-7-14 941-7649100

RE 4/19/14