

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

NOT USED
AND
FILED

1997 OCT 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V49587**

1. Corporation Name

PELIKAN FINANCIAL & INVESTMENTS CORP.

Principal Place of Business

~~815 NW 57TH AVE~~
~~SUITE 484~~
~~MIAMI FL 33126~~

Mailing Address

~~815 NW 57TH AVE~~
~~SUITE 484~~
~~MIAMI FL 33126~~

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
1925 Brickell Ave.

3. New Mailing Office Address, If Applicable
1925 Brickell Ave.

Suite, Apt. #, etc.
Suite D-206

Suite, Apt. #, etc.
D-206

City & State
Miami, FL

City & State
Miami, FL

Zip
33129 Country
USA

Zip
33129 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1992

5. FEI Number
65-0381150

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	SUAREZ-AYCART, ALICIA	815 NW 57TH AVE #484 1925 Brickell Ave., #D-206	MIAMI FL 33126 Miami, FL 33129

REINSTATEMENT

500002327315-- 91
-10/22/97--01085--010
*****1088.75 ***1088.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BESU, ROGER
815 NW 57TH AVE
SUITE 484
MIAMI FL 33126

1925 Brickell Ave.
Suite D-206
Miami, FL. 33129

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/3/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *X Alicia Suarez-Aycart*

10/3/97 (305) 854-6363

CP02040 (6/95)