

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 JUN 16 PM 2:59

SEE INSTRUCTIONS FOR FILING
FOR ATTENTION

CR2E081 (11/10)

DOCUMENT # 739522

1. Corporation Name
Canterbury at Jacaranda Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box # 7980 NW Canterbury LN		3. Mailing Office Address 7980 NW Canterbury LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country	Zip 33324	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/29/1977	
5. FEI Number 59-2340433	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
Anthony S. Adelson, P.A.

Street Address (P.O. Box Number is Not Acceptable)
501 Golden Isles Drive

Suite, Apt. #, Etc.
203


City
Hallandale Beach

State
FL

Zip Code
33009

200274110302
06/16/15--01024--004 **1890.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent  Date 6/8/15

REGISTERED AGENT MUST SIGN

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
P	James Peabody	7980 Canterbury Lane	Plantation, FL 33324
VP	Michael Hitchins	7831 NW 3rd Court	Plantation, FL 33324
T	Jason Pettygrove	7940 Canterbury Lane	Plantation, FL 33324
REINSTATEMENT			
			JUN 16 2015
1988-2015			L BERGER

10. E-mail Address: Captain j peabody@gmail.com
(To be used for future Annual report notification)

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., and that all fees owed by the corporation 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.817.156, F.S.

SIGNATURE: J Peabody JAMES PEABODY Date 06-11-2015 770-310-7357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR