PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

95-97

FILED
97 NOV 20 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

DOCUMENT # 753221

1. Corporation Name
VALMORAL TOWNHOUSES AT JACARANDA INC

W97-20803

Principal Place of Business / Mailing Address
11019 W Broward Blvd
Plantation Fla 33324

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 Address, If Applicable
Suite, Apt #, etc
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0009823 ☐ 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
Pres	Linda Holt Director	11019 W. Broward Blvd	Plantation Fla
V.P.	Director David Liebowitz	11015 W. Broward	Plantation Fla
Sec	Linda Holt	11019 W Broward	Plantation Fla
Pres.	Director Laura Marshall	11025 W Broward	Plant. Fla

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****358.75 ****358.75

8. Name and Address of Current Registered Agent
Linda Holt
11019 W. Broward Blvd
Plantation Fla 33324

9. Name and Address of New Registered Agent
Name Linda Holt
Street Address (P.O. Box Number is Not Acceptable) 11019 W. Bro. Blvd
Suite, Apt #, Etc.
City Plant.
State FL Zip Code 33324

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 [signature]
REGISTERED AGENT MUST SIGN

Date 9.4.97

11. 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.)

12. 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). 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... certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607. In this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements... fees owed by the corporation have been paid. The information indicated on this application is true and accurate... under oath.

SIGNATURE [signature]

If disso... Additional $8.75 for each certified...