PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 23 AM 9:28

DOCUMENT # N31789

1. Corporation Name

The Winds at Jacaranda Homeowners Association Inc.

REINSTATEMENT 02-03
3/5/03 01066 001 #61.25

2. Principal Office Address	**3.** Mailing Office Address
c/o Sundance Prop Mgt	c/o Sundance Prop Mgt
11510 W. Sample Rd	11510 W. Sample Rd
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc. Suite 5
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33065 Country Broward	Zip 33065 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 04/19/1989

5. FEI Number 65-0365353 ☐ 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: Jennings & Valancy, P.A.

Street Address (P.O. Box Number is Not Acceptable): 311 S.E. 13 Street

700021742857
07/23/03--01033--009 **236.25

Suite, Apt. #, Etc.: Attn: Steven S. Valancy

City: Ft. Lauderdale, FL 33316 State: FL Zip Code: 33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 07-11-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Pia Paige	10985 W. Broward Blvd	Plantation, FL 33324
V.P.	Magali Maniero	10965 W. Broward Blvd	Plantation FL 33324
Treas	Marcos Gonzalez	10971 W. Broward Blvd	Plantation FL 33324
Sec	Zenia Perez	10903 W. Broward Blvd	Plantation, FL 33324
Dir.	Tara Zdanowicz	10983 W. Broward Blvd	Plantation, FL 333

10. 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: Pia Paige Pia Paige 7/17/03 (954) 370-6103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #