

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 15 PM 4:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 05-08

CR2E081 (10/08)

DOCUMENT # N94000000350

1. Corporation Name

JANE APARTMENTS CONDOMINIUM ASSOC.

2. Principal Office Address - No P.O. Box #

3909 GARDEN AVE.

Suite, Apt. #, etc.

2

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

1/25/1994

5. FEI Number

65-0725633

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

STEPHANIE BARNDOLLAR

Street Address (P.O. Box Number is Not Acceptable)

3909 GARDEN AVE.

Suite, Apt. #, Etc.

2

City

MIAMI BEACH

State

FL

Zip Code

33140

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

S. Barn

Date **12/1/2008**

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 | STEPHANIE BARNDOLLAR | 3909 GARDEN AVE. #2 | MIAMI BEACH, FL 33140 |
| VP | BETTY MALAGUTTI | 62 YORK STREET | W. SPRINGFIELD, MA 01089 |
| T | JERI JENKINS | 4500 SHERIDAN AVE. | MIAMI BEACH, FL 33140 |
| S | MARIA BELSOL | 3909 GARDEN AVE. # 4 | MIAMI BEACH, FL 33140 |
| | | | |

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 contained in Chapter 119, 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:

S. Barn

12/1/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100139019531
12/15/08--01047--019 **253.75