

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 NOV 18 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 489059

1. Corporation Name

JACARANDA, INC.

Principal Place of Business

Mailing Address

~~1590 NW 159TH ST~~ JACARANDA, INC. ~~1590 NW 159TH STREET~~
~~W. D. WHITTELSEY~~ 16301 N.W. 15TH AVENUE ~~W. D. WHITTELSEY~~
MIAMI FL 33169 MIAMI, FL 33169 MIAMI FL 33169
US US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

JACARANDA, INC.
Suite, Apt. #, Etc. 16301 N.W. 15TH AVENUE
MIAMI, FL 33169
City & State

JACARANDA, INC.
Suite, Apt. #, Etc. 16301 N.W. 15TH AVENUE
MIAMI, FL 33169
City & State

Zip Country

Zip Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1975

5. FEI Number

59-1636020

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GOSHIMA, SADA O	1590 NW 159 ST 16301 NW 15th Ave	MIAMI FL 33169
PSD	WHITTELSEY, DANIEL C	204 H STREET	MOUNTAIN LAKE PARK MD
VD	WHITTELSEY, THOMAS F	7530SW 141 TERRACE	MIAMI FL
V	TOMIBE, HISASHI	1590 NW 159 ST 16301 NW 15th Ave	MIAMI FL
T	WHITTELSEY, MARI	7350 SW 141 TERR	MIAMI FL
D	JI, HIROMU	1590 NW 159 STREET 16301 NW 15th Ave	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADMIRE, JOHN G.
2511 PONCE DE LEON BLVD
MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State

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 11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/89)