

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 APR 17 AM 9:12

DOCUMENT # 736504

**1. Corporation Name**

Jacaranda Country Club West Homeowners Association, Inc.  
c/o VMC Realty  
P.O. box 24627  
Fort Lauderdale, Fl 33307 W-01-8045

**2. Principal Office Address**

2132 E. Oakland Park Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl 33306

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 96-07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/29/76

**5. FEI Number**

650103541

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

Vordermeier Management Co.

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

2132 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State  
**FL**

Zip Code  
33306

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 3-29-01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

600004012826-0 -04/17/01-01046-001 *****0.50 *****0.50			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PD	Steve Refkin	9505 SEa Turtle Drive	Plantation, Fl
VP D	Lydia Jacobs	9601 Sea Turtle Drive	Plantation, Fl
S D	Peter Torres	9509 Sea Turtle Drive	Plantation, Fl
D	George Nelson	9610 Conchshell Manor	Plantation, Fl

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 954 565 7575

Date

Daytime Phone #