
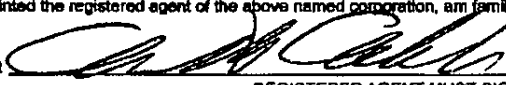



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2015 JUN 16 PM 2:59 RECEIVED JUN 16 2015
DOCUMENT # 739522			
1. Corporation Name Canterbury at Jacaranda Homeowners Association, Inc.			
2. Principal Office Address - No P.O. Box # 7980 NW Canterbury LN Suite, Apt. #, etc.		3. Mailing Office Address 7980 NW Canterbury LN Suite, Apt. #, etc.	
City & State Plantation, FL Zip Country 33324		City & State Plantation, FL Zip Country 33324	
7. Name and Address of Current Registered Agent Name Anthony S. Adelson, P.A. Street Address (P.O. Box Number is Not Acceptable) 501 Golden Isles Drive Suite, Apt. #, Etc. 203 City Hallandale Beach State FL Zip Code 33009		4. Date Incorporated or Qualified To Do Business in Florida 06/29/1977 5. FEI Number 59-2340433 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 200274110302 06/16/15--01024--004 **1890.00	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. Signature of Registered Agent:  Date: 6/8/15 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	James Peabody	7980 Canterbury Lane	Plantation, FL 33324
VP	Michael Hitchins	7831 NW 3rd Court	Plantation, FL 33324
T	Jason Pettygrove	7940 Canterbury Lane	Plantation, FL 33324
REINSTATEMENT			
JUN 16 2015			
L BERGER			
10. E-mail Address: captain_j_peabody@gmail.com (To be used for future annual report notification)			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.156, F.S.			
SIGNATURE: 		06-11-2015 770-310-7357	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	