

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN -3 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 754898

**1. Corporation Name**

Jacaranda Cove Homeowners Association, Inc.

**2. Principal Office Address**

9801 S.W. 4th Street

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip  
33324

Country  
US

**3. Mailing Office Address**

9801 S.W. 4th Street

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip  
33324

Country  
US

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

6/26/1980

**5. FEI Number**  
59-2681626

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-05

**7. Name and Address of Current Registered Agent**

Name

Charles B. Butman

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

9801 S.W. 4th Street

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

600055719266  
06/03/05--01053--005 \*\*542 50

**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 5/11/05

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/D	Joan Scheinwald	9850 S.W. 4th Street	Plantation, FL 33324
S/D	Phyllis Galinkin	9851 S.W. 4th Street	Plantation, FL 33324
T/D	Betty Oved	9941 S.W. 4th Street	Plantation, FL 33324

**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:

Treasurer/Director

5/11/05 (954) 236-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)