

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -5 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02844**

1. Corporation Name

**Jacaranda Air Conditioning
Appliance Service Corp.**

2. Principal Office Address

665 S.W. 27th Ave.

Suite, Apt. #, etc.

Suite 13

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

3. Mailing Office Address

3131 Fort Jackson Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

USA

REINSTATEMENT
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07.17.89

5. FEI Number

650138709

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

Aston Campbell, Sr.

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

3131 Fort Jackson Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date **01.04.07**

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
Pres.	Aston Campbell	3131 Fort Jackson Drive	Jacksonville, FL 32246
V.P.	Terrol C. Barrett	17064 S.W. 33rd Court	Miramar, FL 33027
Tres.	Lurline F. Campbell	3131 Fort Jackson Drive	Jacksonville, FL 32246
Sect.	Brenda Stuggis	2940 NW 10th Court	Fort Lauderdale, FL 33311
Div.	Moya Barrett	17064 S.W. 33rd Court	Miramar, FL 33027
Div.	Ervin Hudson	665 S.W. 27th Avenue Suite #12	Fort Lauderdale, FL 33312

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.04.07 919.291.7014

Date

Daytime Phone #