PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 21 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00730

1. Corporation Name
Jacaranda Square Condominium Assoc Inc.

2. Principal Office Address - No P.O. Box #
1680 S. Tamiami Trl
Suite, Apt. #, etc.
X
City & State
Venice FL
Zip 34293 Country SARASOTA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 05-09

4. Date Incorporated or Qualified To Do Business in Florida 1/5/84

5. FEI Number 57-2388334 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Gregg G. Hassler
Street Address (P.O. Box Number is Not Acceptable)
247 Ponce Deleon Ave
Suite, Apt. #, Etc.
City Venice State FL Zip Code 34285

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent Gregg G. Hassler Date 1/20/09
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Gregg G Hassler	247 Ponce de Leon Ave	Venice FL 34285
VP	William R. Zane	3270 Meadow Run Dr	Venice FL 34293
D	Carolyn Eagen	1680 S. Tamiami Trl Ste	Venice FL 34293

600141666452 6
01/21/09--01030--009 **306.25

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: Gregg G Hassler 1/20/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #