

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 13 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO5000010902

1. Corporation Name

Building 12, Jacaranda Commercial Center  
Condominium Association, Inc.

**REINSTATEMENT 06-08**

000120296820  
03/13/08 -- COR 2E081-(12/07) \*\*183.75

2. Principal Office Address - No P.O. Box # 505 Harbor Drive South Suite, Apt. #, etc.		3. Mailing Office Address 505 Harbor Drive South Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Venice, Florida	
Zip 34285	Country USA	Zip 34285	Country USA

4. Date Incorporated or Qualified To Do Business in Florida ~~10/21/2008~~ 2/01/08

5. FEI Number 30-0462673  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  
Dale Mortenson

Street Address (P.O. Box Number is Not Acceptable)  
505 Harbor Drive South

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 617.0503, F.S.

Signature of Registered Agent Dale Mortenson Date 02/01/2008

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	Dale Mortenson	505 Harbor Drive South	Venice, Florida 34285
VP,D	Carylon Mortenson	505 Harbor Drive South	Venice, Florida 34285
D	Maria G. Jaehne	817 Riviera Street	Venice, Florida 34285

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: Dale Mortenson Date 02/01/2008 Daytime Phone # 941-650-7946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR