
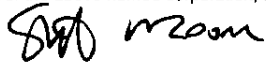



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2008-2017				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05000011023					
1. Corporation Name Jacaranda Business Park Owners Association, Inc.					
2. Principal Office Address - No P.O. Box # 2169 Tamiami Trail South		3. Mailing Office Address 2169 Tamiami Trail South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Venice, Florida		City & State Venice, Florida			
Zip 34293	Country USA	Zip 34293	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 10/26/2005				5. FET Number 51-0561743	
				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED YES				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Steve Boone					
Street Address (P.O. Box Number is Not Acceptable) 1001 Avenida Del Circo					
Suite, Apt. #, Etc.					
City Venice		State FL	Zip Code 34285		
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 11-16-16					
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	Robert Goldman	2169 Tamiami Trail South	Venice, Florida 34293		
V/D	Dov Schmerling	2169 Tamiami Trail South	Venice, Florida 34293		
S/T/D	Chaya Schmerling	2169 Tamiami Trail South	Venice, Florida 34293		
10. E-mail Address: chabadvenice@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 807.0401 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.817.155, F.S.					
SIGNATURE:  11-16-16					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Dov Schmerling					
K. ASHTON					

FILED

17 JAN 13 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

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