*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 MAR 19 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700426175217

DOCUMENT # N06000006031

1. Corporation Name

Jardin Condominium Association XIV, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Stellar Properties	c/o Stellar Properties
10151 Deerwood Park Blvd	10151 Deerwood Park Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bldg 200 Suite 250	Bldg 200 Suite 250
City & State	City & State
Jacksonville, FL	Jacksonville FL
Zip / Country	Zip / Country
32256 / US	32256 / US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6/5/06

5. FEI Number: 20-5181280 ☐ 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: Stellar Properties of North Florida, Inc.
Street Address (P.O. Box Number is Not Acceptable): 10151 Deerwood Park Blvd
Suite, Apt. #, Etc: Bldg 200 Suite 250
City: Jacksonville | State: FL | Zip Code: 32256

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: S Smith — REGISTERED AGENT MUST SIGN — Date: 3-14-24

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/sec	Jil McAlister	144 Jardin de mer Pl	Jacksonville Beach, FL 32250
treas	Daniel Morrell	146 Jardin de Mar Pl.	Jacksonville Beach FL 32250

10. E-mail Address: SSmith@Stellarproperties.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 with 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., and that all fees owed by the corporation have been paid. I further certify that 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: S Smith — 3-14-24
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

•L. BROWN•
MAR 19 2024

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JARDIN CONSUMINIUM ASSOCIATION XIV, INC.

Please Debit **FCA000000003** For 297.50

Thank you Seth Neeley

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____