

1 of 2

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

700426178217

DOCUMENT # NO6000006031

1. Corporation Name

Jardin Condominium Association XIV, Inc

2. Principal Office Address - No P.O. Box #
610 Stellar Properties

10151 Deerwood Park Blvd

Suite, Apt. #, etc.

Blg 200 Suite 250

City & State

Jacksonville, FL

Zip

32256

Country

US

3. Mailing Office Address c/o Stellar Properties

10151 Deerwood Park Blvd

Suite, Apt. #, etc.

Blg 200 Suite 250

City & State

Jacksonville FL

Zip

32256

Country

US

CR250-1 (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.

Blg 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

SSmith

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
<u>Pres</u>	<u>Jill McAlister</u>	<u>144 Jardin de Mer Pl</u>	<u>Jacksonville Beach, FL 32250</u>
<u>Tras</u>	<u>Daniel Morrell</u>	<u>146 Jardin de Mer Pl</u>	<u>Jacksonville Beach FL 32250</u>

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 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., 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:

SSmith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-24

Date

Daytime Phone #

• L. BROWN •

MAR 19 2024

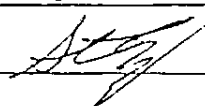
CAPITAL CONNECTION, INC.

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



- ___ 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 _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up