

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR -5 PM 4:39

DOCUMENT # N0600000 7956

1. Corporation Name

JARDIN CONDOMINIUM ASSOCIATION XY, INC

REINSTATEMENT 10/2

2. Principal Office Address - No P.O. Box #

1825-A North 3rd Street

3. Mailing Office Address

P.O. Box 330026

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

JACKSONVILLE BEACH, FL

City & State

ATLANTIC BEACH, FL

Zip

32250

Country

USA

Zip

32233

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/27/2006

5. FEI Number

205 765 528

☒ 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

MARVIN AND FLOYD REALTY, INC.

Street Address (P.O. Box Number is Not Acceptable)

1825-A NORTH 3rd STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

900227401399
04/04/12--01003--017 **358.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-2-12

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	BRETT PECKETT	202 E. JARDIN de Mer Place	JACKSONVILLE BEACH, FL 32250
VP	TIM PECKERING	1102 Theodore Ave	NAPLES BEACH, FL 32266
S/T	STEPHANIE HARDMAN	71 19th STREET ATLANTIC BEACH, FL 32233	ATLANTIC BEACH, FL 32233

APR - 5 2012

D. BUTLER

10. E-mail Address: Karen-floyd@marvin-group.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/12
Date

904-247-6676
Daytime Phone #