

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 10:02

TALAHASSEE, FLORIDA

DOCUMENT # **N96000001255**

1. Corporation Name

**Jacaranda Pointe Property Owners!
Association, Inc.**

2. Principal Office Address

3. Mailing Office Address

1039 US 41 By-Pass, S.

1039 US 41 By-Pass, S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Venice, FL

Venice, FL

Zip

Country

Zip

Country

34292

U.S.A.

34292

U.S.A.

REINSTATEMENT 97-03

4. Date Incorporated or Qualified
To Do Business in Florida

3-6-96

5. FEI Number

none

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

James D. Park

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

1039 U.S. 41 By-Pass, S.

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34292

800013553718
03/05/03--01072--004 **612.50

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

James D. Park

REGISTERED AGENT MUST SIGN

Date 2/26/03

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
D	Terry L. Garner	1267 US 41 By-Pass, S.	Venice, FL 34292
D	Geoffrey D. Morris	1505-S. Tamiami Trail, Suite 405	Venice, FL 34292
D	James D. Park	1039 US 41 By-Pass, S.	Venice, FL 34292

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 under section 119.07(3)(i), 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:

James D. Park

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

Date

941-483-3305

Daytime Phone #

CR2E081 (10/02)