PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 OCT -7 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

000186441870
10/07/10--01035--005 **787.50

**DOCUMENT #** N98000004022

1. Corporation Name

JACARANDA Townhomes Homeowners Association, Inc

**REINSTATEMENT** 01-10

CR2E081 (4/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2513 W. Kansas Ave | 2513 W. KANSAS Ave |
| Suite, Apt. #, etc.: Unit B | Suite, Apt. #, etc.: Unit B |
| City & State: Tampa, FL | City & State: Tampa, FL |
| Zip: 33629 Country: USA | Zip: 33629 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: July 9, 1998

5. FEI Number: 59-3597728 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Chrysteile Garner

Street Address (P.O. Box Number is Not Acceptable): 2513 B West KANSAS Ave

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33629

PROFIT CORPORATIONS ONLY

☐ The $600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 8/12/10

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 |
|---|---|---|---|
| D/P/T | Chrysteile Garner | 2513 B West KANSAS Ave | Tampa, FL 33629 |
| D/V | Eric Grzybowski | 2513 A West KANSAS Ave | Tampa, FL 33629 |
| D/S | Sheri Mitvalsky | 2513 E West KANSAS Ave | Tampa, FL 33629 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: JACARANDAPres@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 607.0401 or 617.0401, F.S., 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.

SIGNATURE: _____ 8/12/10 813-546-6172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/11