FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E091 (11/10)

DOCUMENT # N14000004022

1. Corporation Name
JACARANDA TOWNHOMES HOA INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7001 TEMPLE TERRACE HIGHWAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLORIDA	City & State
Zip: 33637 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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: RICHARD P. BAILEY
Street Address (P.O. Box Number is Not Acceptable): 7001 TEMPLE TERRACE HIGHWAY
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33637

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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: Richard P. Bailey Date: 12/23/14
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
PRES	DANIEL FANNING	2515 W. KANSAS AVE UNIT A	TAMPA FL 33629
VP	STACI MITVALSKY	2513 W. KANSAS AVE UNIT D	TAMPA FL 33629
SEC	CHRYSTEILE MURPHY	2513 W. KANSAS AVE UNIT B	TAMPA FL 33629
		Need Amend (RA)	
			dcc 12/24

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: Richard P. Bailey RICHARD P BAILEY AGENT 12/23/14 813-980-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #