

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -1 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YBR
01-02

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P00000021537**

1. Corporation Name

Jacaranda North Corp.

2. Principal Office Address

4675 N Tamiami Trail

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

Country

Zip

Country

34234

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/00

5. FEI Number

59-3647269

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

Bohdan Guran

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

4675 N. Tamiami Trail

Suite, Apt. #, Etc.

City

Sarasota,

500006315935-9

-07/10/02-01059-017

****308.75 ****308.75

State
FL

Zip Code
34234

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

B. Guran

REGISTERED AGENT MUST SIGN

Date

6/26/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bohdan Guran	2605 DESOTO RD. 4675 N. Tamiami Trail	Sarasota, FL 34234
ST	Zenon Guran	6914 Connley Drive	Polk City, FL 33868

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., and 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)(b), 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:

B. Guran / B. GURAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/02

941-388-5141

Daytime Phone