PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretary of State			10 APR -5 AMII: 35	
DOCUMENT # \$00000021537				ALLAHASSEE. FLORIDA	
1. Corporation Name JACARANDA NORTH CORP				ALLAHASSEE, FLORIDA	
SHOWE HOUSE TOWN					
			40 04/05	0 0174531314 /1001066004 **1050,00	
2. Principal Office Address - No P.O. Box # 3. Mailing Office		, _		04-10	
400 COMMERCIAL CT. 400 CO Suite, Apt. #, etc. Suite, Apt. #, etc.		MMERCIAL (YOVET RE		NSTATEMENT	
			orated or Qualified		
City & State . City & State		T. 22.22	5. FEI Number		
-		Country	. 593647269 Not Applicable		
34292 USA	34292	USA		OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
Name and Address of Current Registered Agent Name			The 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.		
GURAN, BOHDAN					
Street Address (P.O. Box Number is Not Acceptable) 400 COMMERCIAL COURT					
Suite, Apt. #, Etc.					
CHY VENICE		State Zip Code FL 34292	199 20 1141134.		
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 2/22/10					
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
7. Names and Street Addresses or Each Officer and/or Director (Pional nonprofit corporations must list a Titles				City / State / Zip	
PRES. BOHDAN GURAN		9110 DEER COURT		VENICE, FL 34293	
V.P. ZENON GIURAN		6914 CODLEY DR.		POLK CITY, FL 33868	
				RE REULIOAN	
				M, MILLIGAN Examiner	
		·	· · · · · ·	APR - 7 2010	
10. E-mail Address: boldan, gurano amail, com (Total used for future enqual 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: 2-15-10 941-480-9898 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					