

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -2 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056069

1. Corporation Name

JACARANDA HOSPITALITY, INC.

Principal Place of Business

Mailing Address

400 COMMERCIAL COURT
VENICE FL 34292
US

4675 N. TAMiami TR.
400 COMMERCIAL COURT
VENICE FL 34292 SARASOTA, FL
US 34234



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

07-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1701955

Applied For

Not Applicable

City & State

City & State

Sarasota FL
34234 USA

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	GURAN, ZENON	4675 N. TAMiami TRAIL	SARASOTA FL 34234
VP	GURAN, ZENON	3311 U.W. 98 NORTH	LAKELAND FL 33805
P	Guran, Bohdan	4675 N. Tamiami Trail	Sarasota FL 34234
			900003534199--0 -01/12/01--01013--018 ****150.00 ****150.00 900003534199--0 -01/12/01--01013--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GURAN, BOHDAN T
4675 N. TAMiami TRAIL
LAKELAND FL 34234
SARASOTA, FL 34234

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

B. Guran
REGISTERED AGENT MUST SIGN

Date 12/25/00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOHDAN GURAN

12/25/00 941-365-5141

Date

Daytime Phone #

CR2E040 (8/00)