2004 FOR PROFIT CORPORATION' REINSTATEMENT

REINSTATEMENT					FILED				
DOCUMENT # J54597							i.e.		
1. Entity Name						JADEC 20 AM	11: 1,4		
LEW REALTY, INC.					(14 DEC 20 mi			
				S. T. F.		SECRETARY OF ALLAHASSEE.	STATE CLORIDA		
Principal Place of Business Mailing Address					Ţ	RELAHASSLE	Litomas		
177 N. US HWY #1 177 N. US HWY #1 BOX 240 BOX 240					•	, ,			
JUPITER, FL 33469 JUPITER, FL 33469									
2. Principal Place of Business 3. Mai		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				ANT	~]		
		R		F(1) 12004 REINIP TT & BORNE 098 (6/04)					
C♠y 8 State		City & State		4. FEI Number Applied For 59-2770795 Not Applicable					
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WRIGHT, CAROL				Name					
-11-DEWITT PLACE			- Stree	Street Address (P.O. Box Number is Not Acceptable)					
TEQUESTA, FL 33469								· · · · · · · · · · · · · · · · · · ·	
			City				FL Zip Code	9	
8. The above the obligation	named entity submits this statement to ons of registered agent.	or the purpose of changing its	registered offic	or register	ed agent, or bo	oth, in the State of Florida	. I am familiar with,	and accept	
	Vaul n &	Mus NE				12/1	4/04	:	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent	ignature requir	ed when reinstating)	DATE]	
	E NOW!!! FEE 10 4450 00								
	E NOW!!! FEE IS \$150.00 uary 1, 2005, Fee will be \$300.	00				In accordance with corporation did not	s. 607.193(2)(b), receive the prior r	r.S., the lotice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	 /CHANGES TO OFFICEF	S AND DIRECTORS	S IN 11	
TITLE	DPST	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	WRIGHT, LARRY E. 177 N. US HWY #1 BOX 240		NAME STREET ADDRES	.					
CITY-ST-ZIP	JUPITER, FL 33469		STREET ADDRE	»				ļ	
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NAME STREET ADDRESS			NAME STREET ADDRE	ss				<u> </u>	
CITY-ST-ZIP		//	CITY-ST-ZIP						
L									
12. I hereby c	pertify that the information supplied wit on this report of supplemental leport	h this filling does not qualify for is true and that r	r the exemption ny signature sh	stated in Se	ection 119.07(3) same legal effe	(i), Florida Statutes. I furt ct as if made under oath	ther certify that the in that I am an officer	nformation or director	
12. I hereby conditions indicated of the corrections changed.	partify that the information supplied will on this report of supplemental leport poration or the receiver or trystee emp or on an attaching highly with an address	h this illing does not qualify for is true and accurate and that r powered to execute this report with all other like empowered.	the exemption ny signature sh as required by	stated in Se all have the s Chapter 607	ection 119.07(3) same legal effe 7. Florida Statut	i(i), Florida Statutes. I furt ot as if made under oath es; and that my name ap	ther certify that the in that I am an officer opears in Block 10 or	formation or director Block 11 if	
12. I hereby condicated of the correctanged.	XII Y V	h this/liling does not qualify for is true and liccurate and that re- powered to execute this report with all other like empowered	r the exemption ny signature sh as required by	stated in Se all have the s Chapter 607	ection 119.07(3) same legal effe 7. Florida Statut	(i), Florida Statutes. I furt ct as if made under oath es; and that my name ap	ther certify that the ir that I am an officer opears in Block 10 or	nformation or director Block 11 if	