

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -6 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000001772

1. Limited Liability Company's Name

4009 JADE 01/02 PROPERTIES LLC

03

2. Principal Office Address

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

600

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

01/24/02

6. FEI Number

01-0577879

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JORGE GURIAN

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

2100 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

600

City

CORAL GABLES

State
FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/5/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MENDOZA, JOSE NICOLAS	2100 PONCE DE LEON BLVD # 600	CORAL GABLES, FL 33134
MGRM	SENIOR, WILMA COROMOTO	2100 PONCE DE LEON BLVD # 600	CORAL GABLES, FL 33134
MGRM	HOFFMAN, TOMAS	2100 PONCE DE LEON BLVD., #600	CORAL GABLES, FL 33134
REINSTATEMENT 2003 + 2004			
800041874258			
10/14/04--01006--001 **100.00			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 10/5/04

Daytime Phone # 305-279-4101

Typed or printed name of signing Managing Member/Manager

JOSE NICOLAS MENDOZA

CR2E041 (10/02)

L020000001772
Jorge L. Gurian, P.A.

FILED
04 OCT - 6 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 5th, 2004

Division of Corporations
State of Florida
409 East Gaines Street
Tallahassee, FL 32399

BK

Re: 4009 Jade 01/02 Properties LLC (L02000001772)

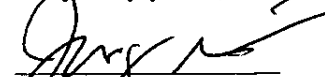
To Whom It May Concern:

Enclosed please find the Uniform Business Report for 4009 Jade 01/02 Properties LLC for 2004. This report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2004. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2004 and 2003.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,


JORGE L. GURIAN


JOSE NICOLAS MENDOZA

Enclosure