

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 12 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600165750496
01/11/10--01052--010 **277.50

CR2E041 (11/09)

DOCUMENT # **L04000039690**

1. Limited Liability Company's Name

JADE LLC

2. Principal Office Address - No P.O. Box #

4408 W. South Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 272758

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33614

Country

U.S.

Zip

33688

Country

U.S.

4. State/Country of Formation

United States

5. Date Organized or Qualified
To Do Business in Florida

5/24/04

6. FEI Number

20-1187218

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

JASON K. HOGE

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

4306 Gainsborough Ct

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

☒ A \$100 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 \$100
reinstatement be waived.

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

J K Hoge

REGISTERED AGENT MUST SIGN

Date **1/8/2010**

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
MEM	JASON K. HOGE	4306 Gainsborough Ct	TAMPA, FL 33624
MEM	EDUARDO BALLESTEROS	301 W. SLENNY HOLLOW AVE	Temple Terrace, FL 33617

REINSTATEMENT 08-09AL

11. E-mail Address: **JHoge@Tampabay.rr.com**

(To be used for future annual report notifications)

12. 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

J K Hoge

Date **1/8/2010**

Daytime Phone # **813-924-6664**

Typed or printed name of signing Managing Member/Manager