

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

***FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -2 AM 10:40

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L04000056524

1. Limited Liability Company's Name

JAE REAL ESTATE, LLC

200065831428

02/14/06--01034--003 **200.00

CR2E041 (8/05)

2. Principal Office Address

19950 W. Country Club Drive

3. Mailing Office Address

19950 W. Country Club Drive

Suite, Apt. #, etc.

Suite #900

Suite, Apt. #, etc.

Suite #900

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

Zip

33180

Country

4. State/Country of Formation

Florida/Miami-Dade

5. Date Organized or Qualified
 To Do Business in Florida

7/30/2004

6. FEI Number

☒ 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

Mario Sariol

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

19950 W. Country Club Drive

Suite, Apt. #, Etc.

Suite #900

City

Aventura

State
 FL

Zip Code

33180

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 1/25/06

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	Cababie, Jacobo	19950 W. Country Club Dr., #900	Aventura, FL 33180
MGRM	Cababie, Abraham	19950 W. Country Club Dr., #900	Aventura, FL 33180
MGRM	Cababie, Elias	19950 W. Country Club Dr., #900	Aventura, FL 33180

REINSTATEMENT 05-06

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 1/25/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager, JACOBO CABABIE, Manager/Member