



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:02

DOCUMENT # L05000020871					
1. Entity Name SYNTO JADE 3807, LLC					
Principal Place of Business % FRANK J. SEGREGO, ESQUIRE 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156			Mailing Address % FRANK J. SEGREGO, ESQUIRE 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156		
2. Principal Place of Business 1500 San Remo Ave		3. Mailing Address 1500 San Remo Ave			
Suite, Apt. #, etc. 248		Suite, Apt. #, etc. 248		09192006 REIN-LLC CR2E101 (11/05)	
City & State Coral Gables FL.		City & State Coral Gables. FL.		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33146		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGREGO, FRANK J ESQUIRE 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33154			7. Name and Address of New Registered Agent Name: Pablo R. Bared Esq. Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Ave #248 City: Coral Gables FL Zip Code: 33146		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>P. Bared.</u> DATE: <u>9/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VILLAREAL, ARTURO 9559 COLLINS AVENUE UNIT 409 SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Villarreal Arturo 10225 Collins Ave 1504 Miami, Bch. Fl. 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing member Xacur Jose c/o 1500 San Remo Ave #248 Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500080313095 09/29/06--01069--001 **55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Jose Xacur 9/18/06 3056666010.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		