

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR -3 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # **L06000120766**

1. Limited Liability Company's Name

JADE OCEAN 1203, LLC

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

19111 COLLINS AVE

Suite, Apt. #, etc.

107

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEA.

City & State

Zip

33180

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/18/2006

6. FEI Number

20-8141330

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

ELISA WAGNER

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

19111 COLLINS AVE

Suite, Apt. #, Etc.

107

City

SUNNY ISLES BEACH

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

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
MGR	ELISA WAGNER	19111 COLLINS AVE #107	SUNNY ISLES BEA FL 33180
MGR	YOEL WAGNER	19111 COLLINS AVE #107	SUNNY ISLES BEA FL 33180
MGR	MOISES PITCHON	1851 NE 31 CT #1001	AVENTURA FL 33160
MGR	ADELA PITCHON	1851 NE 31 CT #1001	AVENTURA FL 33160
400144435234 02/25/09--01040--008 **377.50			
REINSTATEMENT -08-09 C.L.			

11. I certify that I am managing member/manager of the reestablished entity and am authorized 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

Elisa Wagner

Date

2/22/09

Daytime Phone #

3053318191

Typed or printed name of signing Managing Member/Manager

ELISA WAGNER