

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 APR -8 AM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000035639

1. Limited Liability Company's Name
JADE SUNNY 3602, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 4000 Ponce de Leon Blvd		3. Mailing Office Address 4000 Ponce de Leon Blvd	
Suite, Apt. #, etc. Suite 570		Suite, Apt. #, etc. Suite 570	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146	Country USA	Zip 33146	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **4/1/2008**

6. FEI Number
32-0287603

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
Jeffrey S. Tanen

Street Address (P.O. Box Number is Not Acceptable)
4000 Ponce de Leon Boulevard

Suite, Apt. #, Etc.
Suite 570

City
Coral Gables

State
FL

Zip Code
33146

000258777960
04/08/14--01016--006 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent 
REGISTERED AGENT MUST SIGN

Date **4/2/14**

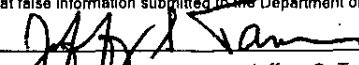
10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Hector Augusto R Dumontet	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146
MGRM	Maria Jose Dumontet Remonda	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146
MGRM	Silvia Norma Remonda Lamas	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146
REINSTATEMENT 2014			APR - 9 2014
			L. SELLER

11. E-mail Address: **itanen@tanenlaw.net**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager  Date **4/2/14** Daytime Phone # **(305) 374-3250**

Typed or printed name of signing Authorized Representative/Manager **Jeffrey S. Tanen, as Attorney in Fact**