


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 SEP 30 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name L11000083962 UNIT 2605 JADE BEACH, LLC.					
2. Principal Office Address - No P.O. Box # 17001 COLLINS AVENUE Suite, Apt. #, etc. UNIT 2605 City & State SUNNY ISLES, FL Zip Country 33160 USA			3. Mailing Office Address 2450 LAWRENCE AVENUE EAST Suite, Apt. #, etc. City & State TORONTO, ONTARIO Zip Country M1P2R7 CANADA		
4. State/Country of Formation Florida				5. Date Organized or Qualified To Do Business in Florida 07/21/2011	
6. FEI Number 990367865				Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent Name THOMAS G SHERMAN <i>T.G.S.</i> Street Address (P.O. Box Number is Not Acceptable) 90 ALMERIA AVENUE Suite, Apt. #, Etc. City State Zip Code CORAL GABLES FL 33134					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S. Signature of Registered Agent _____ Date 9/17/14 REGISTERED AGENT MUST SIGN					
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	
MGR	SIAMAK KAZEMEINI	14 NE 1ST AVENUE, 2ND FLOOR		Miami, FL 33132	
11. E-mail Address: RPM@BENCHMARKRG.COM (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 _____ Daytime Phone # _____ Typed or printed name of signing Authorized Representative/Manager SIAMAK KAZEMEINI					

K. ASHTON