

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000107723

1. Entity Name
JADE FILMS, INC.



FILED

06 APR -3 AM 7:59

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
1508 PENNSYLVANIA AVE
SUITE 4
MIAMI BEACH FL 33139

Mailing Address
1508 PENNSYLVANIA AVE
SUITE 4
MIAMI BEACH FL 33139

2. Principal Place of Business
1101 98th Street #
Suite, Apt. #, etc. #5

3. Mailing Address
1101 98th Street
Suite, Apt. #, etc. #5



03302006-1 (REIN-STATEMENT) CR2E098 (11/05) 05-06

City & State
Bay Harbor Island, FL
Zip 33154 Country USA

City & State
Bay Harbor Island, FL
Zip 33154 Country USA

4. FEI Number
22-377774
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEJAR, JOYCELYN
1508 PENNSYLVANIA AVE
SUITE 4
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name
Bejar, Joycelyn
Street Address (P.O. Box Number is Not Acceptable)
1101 98th Street #5
City Bay Harbor Island, FL 2
Zip Code 33154

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 *Joycelyn Bejar*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/06
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <input type="checkbox"/> Delete BEJAR, JOYCELYN 1508 PENNSYLVANIA AVE, STE 4 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100070802851 04/18/06--01038--015 **300.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joycelyn Bejar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

Date

305 975 6968

Daytime Phone #