

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 21 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044175

1. Corporation Name

Jade 3009 corporation

2. Alhambra Plaza

same

2. Principal Office Address

2 Alhambra Plaza

3. Mailing Office Address

same

Suite, Apt. #, etc.

Penthouse 2C

Suite, Apt. #, etc.

same

City & State

Coral Gables, Florida

City & State

same

Zip

33134

Country

USA

Zip

same

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status05/05/04 90250 014 150
04/14/03 90222 032

7. Name and Address of Current Registered Agent

Name

DE LA CRUZ & CUTLER, LLP

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

2Alhambra Plaza

Suite, Apt. #, Etc.

Penthouse 2C

City

Coral Gables

State
FLZip Code
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/14/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	FRANCISCO B. NAVINES	C/Anselmo Turmeda 13, 08205	Sabadell-Barcelona-Spain
VP	Carlos J. Villanueva	2100 Ponce De Leon Blvd Suite 600	Coral Gables, Florida 33134

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/04 305-446-0100

ORIGINAL RETURNED



DE LA CRUZ & CUTLER
PROFESSIONAL ASSOCIATION
LAW OFFICES

2 ALHAMBRA PLAZA, PENTHOUSE 2C
CORAL GABLES, FLORIDA 33134

TELEPHONE (305)446-0100
FACSIMILE (305)445-5500

FACSIMILE COVER SHEET

Date: 10/25/04

To: Tyrone Scott

Fax No: 850-245-6017

Company: _____

Re: lo ruiz real estate

Pages (Including cover) _____

Our file no: _____

FROM THE OFFICE OF: **LUIS F. DE LA CRUZ, JR.**

Marta Saigueiro, Real Estate Paralegal.

Email: msaigueiro@bellsouth.net

PLEASE CALL (305)446-0100 IMMEDIATELY IF ALL PAGES ARE NOT RECEIVED.

THANK YOU. OUR FAX NUMBER IS (305)445-5500

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ORIGINAL DOCUMENT WILL (NOT) BE SENT:

☐ REGULAR MAIL
☐ HAND DELIVERY

☐ OVERNIGHT MAIL
☐ CERTIFIED MAIL

COMMENTS:

To Whom it may concern:

We mailed a notice for 2003 and never heard anything back from State. You have already cashed two checks totalling \$300 and we would like to have the late fees waived.

We need to reinstate the corporation today. Pursuant to our conversation the corporation will be reinstated today. I am also mailing you the originals.

Should you have any questions please feel free to contact me as soon as possible to 305-446-0100.

Your assistance in this matter is greatly appreciated

Marta Saigueiro,
Real Estate Paralegal