2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000129803

1. Entity Name
2601 JADE BEACH, INC.

FILED
06 DEC -4 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11142006 REIN-P CR2E098 (11/05) 06

Principal Place of Business	Mailing Address
21 S.E. AVE 10TH FLOOR MIAMI, FL 33131	21 S.E. AVE 10TH FLOOR MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
1201 Brickell Ave.	1201 Brickell Ave.
Suite, Apt. #, etc. Suite # 650	Suite, Apt. #, etc. Suite # 650
City & State Miami FL	City & State Miami FL
Zip 33131 Country USA	Zip 33131 Country U.S.A.

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, DAVID J 21 S.E. AVE 10TH FLOOR MIAMI, FL 33131	Name Carlos Mattos Street Address (P.O. Box Number is Not Acceptable) 1201 Brickell Ave. Ste # 650 City Miami FL Zip Code 33131

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 _____ Nov 20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, DAVID 21 S.E. AVE 10TH FLOOR MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carlos Mattos 1201 Brickell Ave. Ste # 650 Miami FL 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300092207795 12/02/06--01001--017 **608.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300082217795 12/04/06--01010--017 **608.75 04/03/06 90394 007 $150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12/5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Nov 20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #