

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 13 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000137465*

1. Corporation Name

4607 Jade Corp.

2. Principal Office Address - No P.O. Box #

1331 Brickell Ave

Suite, Apt. #, etc.

4607

City & State

Miami, FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33131

Country

U.S.A.

Zip

Country

400185345664

09/13/10--01048--008 **1200.00

REINSTATEMENT *07-10*

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2004

5. FEI Number

201709858

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IL YOUNG CHOI

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

1925 Brickell Ave

Suite, Apt. #, Etc.

D-206

City

Miami

State

FL

Zip Code

33129

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

IL Young Choi
REGISTERED AGENT MUST SIGN

Date

09/05/10

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
<i>D</i>	<i>Juan J. Rendon</i>	<i>1331 Brickell Ave, D-206</i>	<i>Miami, FL 33131</i>

10. E-mail Address: *JURIDICOENLINEA@YAHOO.COM.MX*

(To be used for future annual report notification)

11. 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. I further certify 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 #

Juan J. Rendon *09/05/10*

9/15/10