## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P05000089676  1. Copporation Name Jade Beach 901 Corp.  2. Principal Office Address - No P.O. Box #  3. Making Office Address  Subs. Apt. #: obc.  Applied For 20-3103399  To Ball Interpretation of Destination of Destinat	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					SECRETAR DIVISION OF ( 08 JUL -2	LED Y OF STATE CORPORATIONS PM 4: 05	
Suite 248  City & State  Coral Gables, FI. 33146  Decuming  To Country  Zip  Country  Zip  Country  Zip  Country  33146  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. When the entity did not receive the prior notices were not received and requesting the reinstatement fee be waived.  City  Coral Gables, FI. 33146  Salte, Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Apt. #, Elc.  City  Coral Gables, FI. 33146  Salte Addresses of Earth Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Date  Date  City / Salte / Zip  Officers and/or Directors  Date  City / Salte / Zip  Officers and/or Directors  City / Salte / Zip  Officers and/or Directors  City / Salte / Zip  Officers and/or Directors  Date  Officers and/or Directors  City / Salte / Zip  Officers and/or Director of director or the resource for diseased on the salte was a companied to the propries have beginners and section 607.0401 or 617.0401 f. S. That al	1. Corporatio	on Name		. ()				
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Coyal Gables, Fl. 33146  Country  Zip  Country  Zip  Country  7. Name and Address of Current Registered Agent  Name Pablo R. Bared, Esq.  Sizes Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Coral Gables, Fl. 33/46  8. I being appointed the redistered Agent  Titles  Name Pablo R. Sizes Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Coral Gables, Fl. 33/46  8. I being appointed the redistered Agent  Bedistreed A	i i			, , <b>,</b> , , , , , , , , , , , , , , , ,		4. Date Incorporated or Qualified		
Coral Gables, Fl. 33146  Zip Country  T. Name and Address of Current Registered Agent  Name Pablo R. Bared, Esq.  Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue, Suite 246  Suite, Apt. #, Etc.  City Coral Gables, Fl. 33 46  B. I. being appointed the redistered agent me above named corporation, am familiar with and accept the obligations of section 607.0505 or 617,0503, F.B.  Signature of Registered Agent  Bedistrete Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  1500 San Remo Ave, Suite 248  Coral Gables, Fl. 33146  1001 Luis Wiechers  1500 San Remo Ave, Suite 248  Coral Gables, Fl. 33146  1007/02/08—01031—009  **********************************	City & State		City & State			s in Flonda		
Country   State   Country   State   Country   State   Country   State   Country   State   Country   Coun	Coral Gables, Fl. 33146				00.0400000			
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Pablo R. Bared_Esq.  Sirest Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Surfe, Apt. #, Etc.  City Coral Gables, Fl. 33/46  8. I, being appointed the resistered agency me above named corporation, am familiar with and accept the obligations of section 607.0505 or 617,0503, F.B.  Signature of Registered Agent  9. Names and Street Addresses of Each Officer and/or Directors  Titles  Officers and/or Directors  1500 San Remo Ave, Suite 248  Coral Gables, Fl. 33146  100, Lordify 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617, Gui, F.S. that all flees owed by the corporation, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617, Gui, F.S. that all flees owed by the corporation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:		7. Name and Address of	f Current Registered Age					
Signature of Registered Agent  BEGISTERED AGENT MUST SIGN  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  1500 San Remo Ave, Suite 248  Coral Gables, Fl. 33146  City / State / Zip  077/02/0801031009 **450.00  10. Luis Wiechers  1500 San Remo Ave, Suite 248  Coral Gables, Fl. 33146  10. Loartify 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 contained in Chapter 119, F.S., The jaformation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:	Pablo R. Bared,Esq.  Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue, Suite 248  Suite, Apt. #, Etc.  City  State Zip Code				circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

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