Audit No. H13000046567 3

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13 FEB 28 AM 9:06

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000004662

1. Corporation Name

JADE 1511, CORP.

REINSTATEMENT 11-13

CR2E061 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Dr Joao Neves Neto 392	Dr Joao Neves Neto 392
Suite, Apt. #, etc Jd Guedala	Suite, Apt. #, etc Jd Guedala
City & State Sao Paulo, SP	City & State Sao Paulo, SP
Zip: 05605000 County: Brazil	Zip: 05605000 County: Brazil

4. Date Incorporated or Qualified To Do Business in Florida: 01/15/2010

5. FEI Number: X 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: Fabian A. Pal, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1395 Brickell Avenue

Suite, Apt. #, etc
14th Floor

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 2/27/13

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Alvaro A. Vidigal	Dr Joao Neves Neto 392, Jd Guedala	Sao Paulo, SP, Brazil 05605000

10. E-mail Address: fingletto@hotmail.com
(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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 2/27/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

FEB 28 2013 BUTLER

Audit No. H13000046567 3

FEB 28 2013

D. BUTLER

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

JADE 1511, CORP.

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D. BUTLER