

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB -9 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087154

1. Corporation Name

Jade International Corp.

Principal Place of Business

Miami Beach, Florida

Mailing Address

10155 Collins Avenue

Unit 303

Miami Beach, Florida

33154

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

10155 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 303

City & State

City & State

Miami Beach, Florida

Zip

Country

Zip

Country

33154

USA

4. Date Incorporated or Qualified
To Do Business in Florida

December 21, 1993

5. FEI Number

65-0455883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director President, T, S	Aldo Antonio Rafael Raia	10155 Collins Avenue #301	Miami Beach, Florida 33154
Director Vice President	Sumaia Labaki Raia	10155 Collins Avenue #301	Miami Beach, Florida 33154
Vice President	Virginia Hannud Labaki	10155 Collins Avenue #301	Miami Beach, Florida 33154

REINSTATEMENT

8. Name and Address of Current Registered Agent

Pegiro, Inc.
2880 S.W. 58th Ave.
Miami, FL 33155

9. Name and Address of New Registered Agent

Name

National Registered Agents, Inc.

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

701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1800

City

Miami

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of...

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/6/98

-02/12/98--01079--016

****300.00 ****300.00

(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

12. 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)(i), 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

2/6/98 305-865-5104

Date

Daytime Phone #

CP2E040 (1/98)