

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY -7 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000000406

**1. Corporation Name**

JADE R., INC.

**2. Principal Office Address**

9523 N.W. 67th Place

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

33076

Country

USA

**3. Mailing Office Address**

9523 N.W. 67th Place

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

33076

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/02/1997

**5. FEI Number**

593425139

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

Rios, Jaime

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

9523 N.W. 67th Place

Suite, Apt. #, Etc.

City

Parkland

State  
FL

Zip Code

33076

**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

REGISTERED AGENT MUST SIGN

Date

4/26/04

**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
P	Rios, Jamie	9523 N.W. 67th Place	Parkland, FL 33076
S	Carrero, Delilah	9523 N.W. 67th Place	Parkland, FL 33076

**10. 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

Jaime Rios

Date

4/26/04

Daytime Phone #

954-346-5600

CR2081 (01/04)

REINSTATEMENT 02-04

LAW OFFICES  
**ROBERT A. WHITE, P.A.**

A PROFESSIONAL ASSOCIATION  
1401 UNIVERSITY DRIVE  
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CORAL SPRINGS, FLORIDA 33071

TELEPHONE (954) 755-0700  
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**ROBERT A. WHITE**  
BOARD CERTIFIED REAL PROPERTY LAWYER  
E-MAIL: raw@dirflawflorida.com

April 29, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Document #P97000000406  
Jade R, Inc., Reinstatement and Waiver of \$600 Reinstatement Fee

To Whom it May Concern:

Enclosed please find a completed Corporation Reinstatement Form and check in the amount of \$450.00 (\$150.00 for 2002, 2003 & 2004) to cover the cost of reinstating the above referenced corporation. Per our telephone conversation, this is also to confirm that the \$600.00 reinstatement fee will be waived.

Should you have any questions, please feel free to contact this office.

Very truly yours,

  
Melissa Roberts

Encl.