

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000406

1. Corporation Name

JADE R., INC.

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

2701 N.W. 112th Avenue

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

2701 N.W. 112th Avenue

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

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
JAIME RIOS

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

2701 N.W. 112th Avenue

Suite, Apt. #, Etc.

City
Coral Springs

State

FL

Zip Code

33065

☒ The reinstatement fee is imposed, except in 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 fee be waived.

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 10/5/07

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	Jaime Rios	2701 N.W. 112th Ave.	Coral Springs, FL 33065
S	Delilah Carrero-Rios	2701 N.W. 112th Ave.	Coral Springs, FL 33065

400110492734
10/08/07--01036--006 **450.00

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 contained in Chapter 119, 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

10/5/07

Date

934602-9981

Daytime Phone #

2072

LAW OFFICES
ROBERT A. WHITE, P.A.
A PROFESSIONAL ASSOCIATION
1401 UNIVERSITY DRIVE
SUITE 600
CORAL SPRINGS, FLORIDA 33071

TELEPHONE (954) 755-0700
TELECOPIER (954) 755-4623

ROBERT A. WHITE
BOARD CERTIFIED REAL PROPERTY LAWYER
E-MAIL: raw@dirtlawflorida.com

October 5, 2007

Via Federal Express

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Document #P97000000406
Jade R., Inc. - Reinstatement and Waiver of Fee

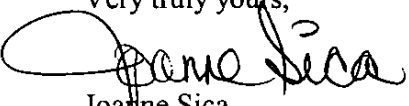
To Whom It May Concern:

Enclosed please find a fully executed Corporation Reinstatement Form and a check in the amount of \$450.00 to cover Annual Report and Corporation Supplemental Fees for 2005, 2006 and 2007.

As Jade R., Inc. did not receive the annual report notices due to a change in address, we respectfully request that the reinstatement fee be waived.

Thank you.

Very truly yours,


Joanne Sica

Enclosures