

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010770

FILED
Sep 22, 2005
Secretary of State

Entity Name: DOMICILE LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2129 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

2129 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 51-0532066 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MELAND, MARK S ESQ.
MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.
200 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LLOYD, JAMES
7550 RED ROAD
SUITE 211
SOUTH MIAMI, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES LLOYD

09/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELBEKE, JEAN LOUIS
Address: 2800 BISCAYNE BOULEVARD SUITE 300
City-St-Zip: MIAMI, FL 33137

Title: VD () Delete
Name: COVIN, GERGGORY S
Address: 2800 BISCAYNE BOULEVARD SUITE 300
City-St-Zip: MIAMI, FL 33137

Title: STD () Delete
Name: PEREZ, LUIS M
Address: 2800 BISCAYNE BOULEVARD SUITE 300
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SULLIVAN, CHARLES
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Change () Addition
Name: NELLHAUS, PETER
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD (X) Change () Addition
Name: BARROSO, GILBERTO
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SULLIVAN

PD

09/22/2005

Electronic Signature of Signing Officer or Director

Date