

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 19 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000007594

1. Corporation Name

2275 Loft Condominium Association, INC

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

2275 SW 16th Ct

3. Mailing Office Address

7051 SW 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

USA

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/2006

5. FEI Number
26-4813713

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07-09
CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name
Maydel Breton

Street Address (P.O. Box Number is Not Acceptable)
7051 SW 4th Street

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33144

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

Date 5/6/2009

REGISTERED AGENT MUST SIGN

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
A	Maydel Breton	7051 SW 4th Street	Miami, FL 33144
PVT	Maydel Breton	7051 SW 4th Street	Miami, FL 33144

900156177249
05/19/09--01035--015 **358.75

10. I certify that I am an officer or director of 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

05/06/2006

Date

(786)3448028

Daytime Phone #

5/19/09