

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 24 AM 9:42

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

L03000020718

**1. Limited Liability Company's Name**

The Winery Lofts, LLC

**2. Principal Office Address** 91 NW 162 ST.

~~2200 S. Ocean DR~~

Suite, Apt. #, etc.

~~106~~

City & State MIAMI, FL.

~~Hollywood, FL~~

Zip 33169

Country

USA

**3. Mailing Office Address** 91 NW 162 ST.

~~2200 S. Ocean DR~~

Suite, Apt. #, etc.

~~106~~

City & State MIAMI, FL.

~~Hollywood, FL~~

Zip 33169

Country

USA

300067307063  
03/07/06--01021--004 \*\*205.00  
CR2E041 (8/05)

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

06/09/2003

**6. FEI Number**

Applied For

☒ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Jorge Dicataldo

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

~~2200 S. Ocean DR~~

91 NW 162 ST.

Suite, Apt. #, Etc.

~~106~~

City

~~Hollywood~~

MIAMI

State

FL

Zip Code

33169

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jorge Dicataldo	91 NW 162 ST. <del>2200 S. Ocean DR</del>	MIAMI, FL 33169 <del>Hollywood, FL 33019</del>
MGR	Daniel O. Aloiso	17011 N. BAY RD, #519 <del>2200 S. Ocean DR</del>	MIAMI, FL 33160 <del>Hollywood, FL 33019</del>

REINSTATEMENT 05-06

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date

Daytime Phone#

Typed or printed name of signing Managing Member/Manager