

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000028343

Entity Name: MIAMI LOFTING 704 LLC

FILED  
Dec 05, 2008  
Secretary of State

**Current Principal Place of Business:**

390 PARK AVENUE  
THIRD FL  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

390 PARK AVENUE  
THIRD FL  
NEW YORK, NY 10022

**New Mailing Address:**

FEI Number: 26-0438455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: MICHAEL FUCHS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FUCHS, MICHAEL  
Address: 390 PARK AVENUE 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: AMGR ( ) Delete  
Name: HERMAN, PHILIP  
Address: 390 PARK AVENUE 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: AMGR ( ) Delete  
Name: DADY, ROBERT E  
Address: 201 ALHAMBRA CIRCLE #601  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL FUCHS

MGR

12/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date