

FILED

09 DEC 30 AM 11:58

SECRETARY OF STATE
TAMM AHASSIDE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 040000 57704**

1. Limited Liability Company's Name
Lofts art Harding, LLC

700163992827
12/28/09--01058--015 **377.50
CR2E041 (1/08)

2. Principal Office Address - (No P.O. Box #)		3. Mailing Office Address	
110 Brickell Avenue		110 Brickell Avenue	
Suite, Apt. #, etc. Suite 402		Suite, Apt. #, etc. Suite 402	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 470945728	Applied For: <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Metro consulting + Management, LLC

Street Address (P.O. Box Number is Not Acceptable)
275 NE 18th Street

Suite, Apt. #, Etc.
6th floor - Mgt office

City
Miami

State
FL

Zip Code
33132

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.

Signature of Registered Agent
[Signature]

Date
12/18/2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MMbr Guillermo Reina	110 Brickell Avenue, Suite 402	Miami, FL 33131
Mgr Nancy Reina	110 Brickell Ave Suite 402	Miami, FL 33131
MMbr Juan C. Gauria	110 Brickell Ave Suite 402	Miami, FL 33131

REINSTATEMENT

S. HAWKES
DEC 31 2009
EXAMINER

11. E-mail Address:

12. I certify that I am managing member/manager or the receiver or liquidator empowered to execute this application as provided for in Chapter 609, 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 608.408, 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
[Signature]

Date
12/16/09

Daytime Phone #
305-371-7676

Typed or printed name of Managing Member/Manager
Guillermo Reina

S. HAWKES

DEC 30 2009

EXAMINER