

L04006059405

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name Artists Lofts, LLC			
2. Principal Office Address 167 N.W. 25th Street Suite, Apt. #, etc.		3. Mailing Office Address 167 N.W. 25th Street Suite, Apt. #, etc.	
City & State Miami, FL Zip 33127 Country USA		City & State Miami, FL Zip 33127 Country USA	
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 8-10-2004	
6. FEI Number 20-1475721		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status			

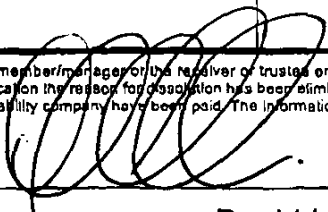
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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B. Name and Address of Current Registered Agent	
Name Joseph L. Schwartz, Esquire, Miller, Schwartz & Miller, P.A. Street Address (P.O. Box Number is Not Acceptable) 2435 Hollywood Blvd. Suite, Apt. #, Etc.	
REINSTATEMENT 2005	
City Hollywood	State FL
Zip Code 33020	

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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 <u>Joseph L. Schwartz</u> Date <u>10-19-05</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles Mgr, Mbr	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mbr	David L. Lombardi	167 N.W. 25th Street	Miami, FL 33127
Mbr	Michael B. Goldstein	2121 Ponce de Leon Blvd, Ste 1100	Coral Gables, FL 33134
Mbr	Sanford B. Horwitz	2121 Ponce de Leon Blvd., Ste 1100	Coral Gables, FL 33134
Mbr	Stephen Horwitz	2999 N.E. 191 Street, Ste 607	Aventura, FL 33180
Mbr	William Miranda	5981 S.W. 136 Street	Miami, FL 33156



11. I certify that I am managing member/manager of the registered 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 808.406, 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 <u>David L. Lombardi</u>	Date <u>10-19-05</u> Daytime Phone # <u>305-695-1600</u>
Typed or printed name of signing Managing Member/Manager <u>David L. Lombardi</u>	