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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV -2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Artists Lofts, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
167 N.W. 25th Street	167 N.W. 25th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL	Miami, FL
Zip 33127 Country USA	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

8. 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.

200061300492
11/09/05--01054--010 **155.00

Suite, Apt. #, Etc.

REINSTATEMENT 2005

City: Hollywood State: FL Zip Code: 33020

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: Joseph L. Schwartz
REGISTERED AGENT MUST SIGN

Date: 10-19-05

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
MGRM Mbr	David L. Lombardi	167 N.W. 25th Street	Miami,FL 33127
MGRM Mbr	Michael B. Goldstein	2121 Ponce de Leon Blvd, Ste 1100	Coral Gables, FL 33134
MGRM Mbr	Sanford B. Horwitz	2121 Ponce de Leon Blvd., Ste 1100	Coral Gables, FL 33134
MGRM Mbr	Stephen Horwitz	2999 N.E. 191 Street, Ste 607	Aventura, FL 33180
MGRM Mbr	William Miranda	5981 S.W. 136 Street	Miami, FL 33156

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: [signature]

Date: 10-19-05 Daytime Phone #: 305-695-1600

Typed or printed name of signing Managing Member/Manager: David L. Lombardi