

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000078292

1. Entity Name
8415 HARDING AVENUE LOFTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10:10

Principal Place of Business
21 S.E. 1 AVE. 10TH FLOOR
MIAMI, FL 33131

Mailing Address
21 S.E. 1 AVE. 10TH FLOOR
MIAMI, FL 33131

2. Principal Place of Business
600 BRICKELL AV.
Suite, Apt. #, etc.
STE. 301-D.

3. Mailing Address
4824 FISHER ISLAND DR.
Suite, Apt. #, etc.

02022006 REIN-LLC CR2E101 (11/05)

City & State
MIAMI

City & State
MIAMI

4. FEI Number
65-1266430

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33109

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J ESQ.
21 S.E. 1 AVE. 10TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
CARLOS J. MATEOS
Street Address (P.O. Box Number is Not Acceptable)
4824 FISHER ISLAND DR.
City
MIAMI FL Zip Code
33109

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and fee if applicable.

CARLOS J. MATEOS. (MGR)
(NOTE: Registered Agent signature required when reinstating)

02-06-06 -
DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M/MGR.
CARLOS J. MATEOS.
4824 FISHER ISLAND DR.
MIAMI FL 33109. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700070460417
04/14/06--01041--018 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 05-06

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-06-06

Date

(305)-416-0702.

Daytime Phone #