2001-2002 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

**LIMITED LIABILITY COMPANY**
~~REINSTATEMENT~~
UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR -2 AM 10:43

DOCUMENT # L99000001098

1. Limited Liability Company's Name
JEFFERSON LOFTS, L.C.

300005191963--4
-04/04/02--01037--030
****200.00 ****200.00

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1320 S. Dixie Highway | 1320 S. Dixie Highway |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 781 | Suite 781 |
| City & State | City & State |
| Coral Gables, FL | Coral Gables, FL |
| Zip / Country | Zip / Country |
| 33146 / U.S.A. | 33146 / U.S.A. |

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 2/26/99
6. FEI Number: 65-0931749 ☐ 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: Gary L. Brown
Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Highway
Suite, Apt. #, Etc.: ~~Suite 781~~
City: Coral Gables | State: FL | Zip Code: 33146

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 _____ Date 2/06/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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 | Scott A. Greenwald | 1320 S. Dixie Highway | Coral Gables, FL 33146 |
| | | Suite 781 | |
| | | | FF $100.00 |
| | | | OP 100.00 |
| | | | |
| | | | |

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 _____ Date 2/06/02 Daytime Phone # 305-667-2225

Typed or printed name of signing Managing Member/Manager ~~Scott A. Greenwald~~

2 of 2

**JEFFERSON LOFTS, L.C.**
**1320 S. Dixie Highway**
**Suite 781**
**Coral Gables, FL 33146**
**305-667-2225**

February 6, 2002

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Unfortunately, I did not receive the annual renewal report for my company. I am asking the State to waive the reinstatement fees and I am enclosing the reinstatement documents together with my reinstatement check in the amount of $150.00. I hope that the State will be in a position to waive the additional fees.

Very truly yours,

Scott A. Greenwald, Manager

SAG/ir
Encl.