


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000515	
Entity Name THE LOFTS AT BYRON CONDOMINIUM ASSOCIATION, INC.	

FILED
06 MAY 30 PM 3: 58
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business 501-503-505 74TH STREET MIAMI BEACH, FL 33141	Mailing Address 501-503-505 74TH STREET MIAMI BEACH, FL 33141
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2. Principal Place of Business 501-503-505 74th STREET	3. Mailing Address 18851 NE 29 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 726

City & State Miami BEACH FL	City & State AVENTURA FL
Zip 33141	Zip 33180
Country US	Country US



4. FEI Number 90-0141421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAMIREZ, MANUEL A 1200 BRICKELL AVENUE SUITE 1440 MIAMI, FL 33031	
7. Name and Address of New Registered Agent Name ARTHUR FORTE III Street Address (P.O. Box Number is Not Acceptable) 503 74th STREET #A4 City MIAMI BEACH FL Zip Code 33141	

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 Arthur Forte DATE 5/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME GAVIRIA, JUAN C STREET ADDRESS 1365 BAY TERRACE CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	TITLE PRESIDENT	NAME ARTHUR FORTE III STREET ADDRESS 503 74 STREET #A4 CITY-ST-ZIP MIAMI BEACH, FL 33141
TITLE D	NAME BERNAL, CARLOS ALBERTO STREET ADDRESS 1365 BAY TERRACE CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	TITLE VICE PRESIDENT	NAME DEIDRE WASHINGTON STREET ADDRESS 501 74 STREET # B5 CITY-ST-ZIP MIAMI BEACH, FL 33141
TITLE D	NAME OSORIO, JULIAN STREET ADDRESS 1365 BAY TERRACE CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	TITLE SECRETARY	NAME ANGELA PATINO STREET ADDRESS 537 RACQUET CLUB RD. #40 CITY-ST-ZIP WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE TREASURER	NAME MARLEN PARRA STREET ADDRESS 21200 POINT PLACE #604 CITY-ST-ZIP AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE DIRECTOR	NAME RAUL BATISTA STREET ADDRESS 1595 NORMANDY DRIVE CITY-ST-ZIP MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500875071445 06/08/06-101008--015 **122.50

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Forte ARTHUR FORTE DATE 5/26/06 754-224-7377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR