FILED

09 DEC 28 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300168976863
12/28/09--01034--006 **256.25

DOCUMENT # N06000000289

1. Corporation Name

The lofts at harding carbominium Association, Inc.

CR2E001 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1110 Brickell Avenue	1110 Brickell Avenue
Suite, Apt. #, etc. Suite 402	Suite, Apt. #, etc. Suite 402
City & State Miami, FL	City & State Miami, FL
Zip 33131 County USA	Zip 33131 County USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 743195996 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for A Certificate of Status

7. Name and Address of Current Registered Agent

Name: Metro Consulting & Management, LLC

Street Address (P.O. Box Number is Not Acceptable): 275 NE 18th Street

Suite, Apt. #, Etc.: 6th Floor - Mgt Office

City: Miami State: FL Zip Code: 33132

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I being appointed the registered agent of the above-named corporation, hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12/18/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Guillermo Reina	1110 Brickell Avenue Suite 402	Miami, FL 33131
D	Jorge Perico	1110 Brickell Avenue Suite 402	Miami, FL 33131
D	Juan C. Gaviria	1110 Brickell Avenue Suite 402	Miami, FL 33131

REINSTATEMENT

10. E-mail Address: _____ (To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, if applicable, the information contained on this application is true and accurate, and any signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Guillermo Reina 12/16/09 305-371-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #