

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 30 PM 2:50

**DOCUMENT # N06000007789**

1. Corporation Name

The Lofts at Collins Condominium Association Inc

2. Principal Office Address - No P.O. Box #

8415 Harding Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Zip

33141

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/2006

5. FEI Number  
562637375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eisinger Brown Lewis & Frankel P.A.

Street Address (P.O. Box Number is Not Acceptable)

ATTN: Dennis J. Eisinger, Esquire

Suite, Apt. #, Etc.

4000 Hollywood Boulevard, Suite 265-S

City

Hollywood

State  
FL

Zip Code

33021

☒ 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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/27/09

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
PD	Robert Lechter	8415 Harding Avenue	Miami Beach, Florida 33141
VPD	Alfredo Matera	8415 Harding Avenue	Miami Beach, Florida 33141
STD	Francesco Lignarolo	8415 Harding Avenue	Miami Beach, Florida 33141
REINSTATEMENT 06-09 300162348063 10/30/09 01032 010 **122.50			
B 10/30/09			

10. I certify that I am an officer or director or the receiver 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

FRANCESCO LIGNAROLO

Date

10/26/09

Daytime Phone #