

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 16 PM 8:32

DOCUMENT # F05000000341

1. Entity Name  
GOTHAM CITY MORTGAGE CORP.



Principal Place of Business  
82-11 37TH AVENUE, SUITE 400  
JACKSON HEIGHTS, NY 11372

Mailing Address  
82-11 37TH AVENUE, SUITE 400  
JACKSON HEIGHTS, NY 11372

2. Principal Place of Business

96-11-101 Avenue

3. Mailing Address

96-11-101 Ave

Suite, Apt. #, etc.

Second Floor

Suite, Apt. #, etc.

Second Floor

City & State

Chase Park

City & State

New York

Zip

0A11416

Country

USA

Zip

11416

Country

USA



REINSTATEMENT

4. FEI Number  
42-1591576

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]*

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

(NOTE: Registered Agent signature required when reinstating)

10/13/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DCEO  
FOGLIA, MATTHEW  
STREET ADDRESS  
12 FLO DRIVE  
CITY-ST-ZIP  
SYOSSET, NY 11791

☐ Delete

TITLE  
NAME  
DVP  
SIMON, JOEL  
STREET ADDRESS  
34 FLO DRIVE  
CITY-ST-ZIP  
RYE BROOK, NY 10573

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

900080878109

10/16/06--01045--024

\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/06

Date

7182472430

Daytime Phone #

B. Michael

OCT 16 2006