

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L01060009687**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 20 PM 4:45  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Courtyard At Homestead, LLC

1900024281359  
10/20/03--01015--028 \*\*50.00

2. Principal Office Address

1230 NE 3rd Terrace

3. Mailing Office Address

c/o GFI, 50 Broadway

Suite, Apt. #, etc.

Office

Suite, Apt. #, etc.

4th Floor

City & State

Homestead, Florida

City & State

New York, NY

Zip

33030

Country

USA

Zip

10004

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number 11-3088643

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

CorpDirect Agents, Inc.

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

103 N. Meridian St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*EIB*

Asst. Secretary

Date 10/20/03

REGISTERED AGENT MUST SIGN

**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
Mgr.	Edith Gross	c/o GFI, 50 Broadway, 4th Floor	New York, NY 10004

**REINSTATEMENT 2003**

*BK*

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

*Edith Gross*

Date 10/16/03

Daytime Phone# 212-837-4539

Typed or printed name of signing Managing Member/Manager

Edith Gross

CR2E041 (10/02)



**GFI**

MANAGEMENT  
SERVICES, INC.

*A GFI Capital Resources Group Affiliate*

**L01000009687**

FILED  
03 OCT 20 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 13, 2003

Florida Department of State  
Division Of Corporations

**Re: The Courtyard At Homestead, LLC**

To whom it may concern:

Please be advised that GFI management Services manages the above referenced LLC.

Please note that we have not received our UBR forms with respect to the above and respectfully request that you waive any and all fees that may be charged as a result of any late filings.

Very truly yours,

David L. Arnov  
Director of Operations