

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 1:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032511

Name and Mailing Address

0013089 01 AT 0.292 **AUTO T7 0 0615 33496-204199



GOTHAM CITY, LLC
2901 CLINT MOORE ROAD, SUITE 322
BOCA RATON FL 33496-2041



2. New Mailing Address

City, State, Zip

Principal Place of Business

2901 CLINT MOORE ROAD, SUITE 322
BOCA RATON FL 33496

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

12/05/2002

6. FEI Number

431986064

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

WEINER AND ARONSON
C/O MICHAEL S. WEINER
102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name

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

800024012168

10/22/03--01036--007 **150.00

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/20/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
HRG	DAVID MANERO	2901 CLINT MOORE RD 322	Boca Raton, FL 33496

REINSTATEMENT

2003

12. 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

SIGNATURE REQUIRED

Date 11/4/03

Daytime Phone # 561-381-0200 X6

Typed or printed name of signing Managing Member/Manager