2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000002622  1. Entity Name GOTHAM INVESTORS, LLC							2005 JAH -4 PM 3: 28	
Principal Plac 458 ADDISO BOCA RATON	N PARK LAN	IE	Mailing Address 458 ADDISON PARK LANE BOCA RATON, FL 33496				SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE.FLORIDA	
2. Principal Place of Business			3. Mailing Address 16480 MADDALENA PLACE			9 CE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				11092004 REIN-LLC CR2E101 (6/04)	
City & State			DELRAY BEACH, FLORIDA			DA	4. FEI Number Applied For 90 - 006 118 2 Not Applicable	
Zip	Zip Country		Zip Country 33 446		try		5. Certificate of Status Desired Specificate of Status Desired Fee Required	
	6. Name	and Address of Current R					7. Name and Address of New Registered Agent	
CHCCOLO	ANTHO	NIV.		Name ROBERT HAMMER				
458 ADDIS	ON PARI	K LANE	<del></del>		Street Address (P.O. Box Number is Not Acceptable)			
					16480 MADDALENA PLACE			
City DELRAY I							AY BEACH FL Zip Code 33 446	
8. The above named entity submits this statement for the purpose of chapding 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 ROBERT HAMMER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relnatating)  DATE								
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00  9. MANAGING MEMBERS/MANAGERS 10.							Make check payable to Florida Department of State  ADDITIONS/CHANGES	
TITLE					TILE MANAGING MEMBER Change Addition			
NAME	Car Delete			NAM				
STREET ADDRESS City-St-Zip		SON PARK LANE		ET ADDRESS -SI-ZIP	164	80 MADDAUENA PLACE		
TITLE				TITLE		450	-RAY BEACH, FLORIDA 33446	
NAME		— - · · · · ·		NAM	1			
STREET ADDRESS CITY-ST-ZIP					et address -St-ZIP		500043844395 01/04/0501008001 ***150.00	
TITLE	<del></del>			TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	orce .			NAM	E Et address			
CITY-ST-ZIP				1	-ST-ZIP			
TITLE NAME			□ Delete	TITLE	,		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP  GREAT PARTY TO THE COLUMN				
TITLE			□ Detete	TITLE			Chambe Addition	
NAME	AME				NAME STREET ADDRESS THE STREET ADDRESS			
CITY+ST-ZIP	}			STRE CITY-		1000	1912 WIEMEN OA	
TITLE	☐ Delete 71/Ti						Change Addition	
name Street address			•	NAM			/ W	
CITY-ST-ZIP				STREET ADDRESS CITY-S1-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this period is required by Chapter 608, Florida Statutes.								
SIGNATURE: ROBERT HAMMER KNOWN AND THE								
SIGNATURE: ROBERT HAMMER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGERS AND AND AND TYPED OR PRINTED NAME OF SIGNING MANAGERS AND								