

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L14000113215

1. Limited Liability Company's Name  
Gotham Crossing, LLC

2. Principal Office Address - No P.O. Box #  
6538 Collins Avenue

Suite, Apt. #, etc.  
#313

City & State  
Miami Beach, FL

Zip Country  
33141 USA

3. Mailing Office Address  
6538 Collins Avenue

Suite, Apt. #, etc.  
#313

City & State  
Miami Beach, FL

Zip Country  
33141 USA

**8. Name and Address of Current Registered Agent**

Name  
Christine Menedis

Street Address (P.O. Box Number is Not Acceptable) Suite,  
6538 Collins Ave

Apt. #, Etc.  
#313

City State Zip Code  
Miami Beach FL 33141

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/26/15

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Christine Menedis	6799 Collins Avenue, Apt #S-605	Miami Beach, FL 33141
MGRM	Naveen Trehan	6799 Collins Avenue, Apt #S-605	Miami Beach, FL 33141
			S. HAWKES
			NOV 6 - A.M.
			EXAMINER

11. E-mail Address: christine@menedis.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 10/26/15

Daytime Phone # 305.775.9103

Typed or printed name of signing authorized representative/member Christine Menedis

FILED

15 NOV -8 AM 9:13

CR2E041 (1/14)

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 7/17/14

6. FEI Number  
47-1400020

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required  
for a certificate of status

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