

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 99000003612

1. Limited Liability Company's Name

GATEWAY REALTY SOUTH FLORIDA LLC

500004717635--4

-12/11/01--01004--024

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

16 EAST 48TH ST

Suite, Apt. #, etc.

5TH FLOOR

City & State

NEW YORK, N.Y.

Zip

10017

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6/18/99

6. FEI Number

58-247472

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

BRUCE HORNSTEIN

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

317 SEVENTY-FIRST ST

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33141

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

*Bruce Hornstein*

REGISTERED AGENT MUST SIGN

Date 10-26-01

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	GATEWAY REALTY LLC	16 EAST 48TH ST	NEW YORK, N.Y. 10017
MGR	GATEWAY REALTY MIAMI LLC	16 EAST 48TH ST	NEW YORK, N.Y. 10017
MGR	ADAM BRODSKY	16 EAST 48TH ST	NEW YORK, N.Y. 10017

REINSTATEMENT

*dec*

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 a 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

*Adam Brodsky*

Date 10-24-01 Daytime Phone 212-826-9200

Typed or printed name of signing Managing Member/Manager