

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 27 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006732**

1. Limited Liability Company's Name

Gateway Crossings, LLC

2. Principal Office Address

78 W. Church Street

Suite, Apt. #, etc.

Suite 130

City & State

Orlando FL

Zip

32801

Country

USA

3. Mailing Office Address

P.O. Box 3149

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32808

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/01/2002

6. FEI Number

52-2197514

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

Robert I Kling

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

78 W. Church Street

Suite, Apt. #, Etc.

Suite 130

City

Orlando

State

FL

Zip Code

32801

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/25/02

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 Pres.	Robert I Kling	78 W. Church St. Ste 130	Orlando, FL 32801

REINSTATEMENT

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

[Signature]

Date

3/25/02

Daytime Phone #

407-316-8800

Typed or printed name of signing Managing Member/Manager

Robert I Kling

CR2041 (9/01)