

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

Gulf Gate Apartments, Inc.

893 000084458

2. Principal Office Address c/o Sentinel
1251 Ave of Americas

Suite, Apt. #, etc.

36th Floor

City & State

New York, NY

Zip

10020

Country

USA

13. Mailing Office Address c/o Sentinel
1251 Ave of Americas

Suite, Apt. #, etc.

36th Floor

City & State

New York, NY

Zip

10020

Country

USA

500021411125
07/03/03--01027--023 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/93

5. FEI Number

65-0455821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

BY:

[Signature]

Date

6/27/03

REGISTERED AGENT MUST SIGN *GARY SHERMAN, ASST- SECRETARY*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	John H. Streicker	1251 Ave of Americas	New York, NY 10020
VP & Dir.	Millie C. Cassidy	1251 Ave of Americas	New York, NY 10020
VP	Anita Breslin	1251 Ave of Americas	New York, NY 10020
Treas.	Elizabeth Longo	1251 Ave of Americas	New York, NY 10020
Secy	Connell J. Watters	1251 Ave of Americas	New York, NY 10020
Dir.	Michael J. Weinberger David Weiner	1251 Ave of Americas	New York, NY 10020

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Anita Breslin - VICE - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anita Breslin

6/26/03

Date

212

408-2900

Daytime Phone #

CR2E081 (9/01)

71 6/30