

# L05000088559

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 19 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200110998822

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000088559

BK

1. Limited Liability Company's Name

W & M SC CORNERSTONE, LLC

40 W & M Properties, LLC

dy

2. Principal Office Address - No P.O. Box #

100 EAST 42nd St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NY, NY

City & State

BK

Zip

10165

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/08/2005

6. FEI Number

20-3466508

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

KUJER Perote Kaplan Berlin <sup>46</sup> Jaime M Coco

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

201 S. Biscayne Blvd Ste

Suite, Apt. #, Etc.

# 1700

City

Miami

State

FL

Zip Code

33131

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/18/07

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	Peter L. Malkin	60 East 42nd Street	NY, NY 10165
Mgr	Anthony E. Malkin	60 East 42nd Street	NY, NY 10165

REINSTATEMENT 2006-2007

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

Date 10/19/2007

Daytime Phone # 212-950-2850

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

LO5000088559

ACCOUNT NO. : 072100000032

REFERENCE : 280326 6786A

AUTHORIZATION

COST LIMIT : \$200.00

ORDER DATE : October 19, 2007

ORDER TIME : 10:03 AM

ORDER NO. : 280326-005

CUSTOMER NO: 6786A

DOMESTIC FILINGS

NAME: W&M SC CORNERSTONE II, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - Ext# 2948

EXAMINER'S INITIALS \_\_\_\_\_

BK

BK

RECEIVED  
07 OCT 19 AM 10:44  
TALLAHASSEE, FLORIDA

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