

MAR. 29 2007

B04000000353

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

LP/LLP REINSTATEMENT

WEST PORT COLONY HOLDINGS, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$2,000.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAR 29 AM 11:17

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Corporate Filing Menu

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MAR 29 2007 2:58PM C S C

NO. 215 P. 2

ING

REAL ESTATE

INVESTMENT MANAGEMENT

Division of Corporations
Attn: Partnership Section
PO BOX 6327
Tallahassee, FL 32314

March 28, 2007

RE: West Port Colony Holdings, LP
FEIN: 73-1708843
Limited Partnership Reinstatement

TAX PERIOD 1/1/06 to 12/31/06 and 1/1/07 to 12/31/07

To Whom It May Concern:

It has recently come to our attention that West Port Colony Holdings, LP FEIN: 73-1708843 has lost its Certificate of Authority with the State of Florida due to non-payment of its annual fees for the year ended 2006 and 2007.

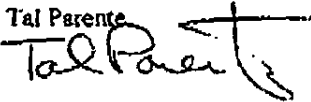
We are respectfully requesting that the \$500 penalty fee be waived for both years since we were not aware the payments were due. We have no records of receiving these invoices at our Park Ave address.

Thank you very much for your consideration.

If you have any questions please feel free to contact me at 212-883-2584.

Sincerely,

Tal Parente



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TALLAHASSEE, FLORIDA

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C S C

NO. 215 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR 29 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000353

1. Name of Limited Partnership

WEST PORT COLONY HOLDINGS, L.P.

2. Principal Office Address - No P.O. Box #
230 Park Ave 12 FL3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New York NY

City & State

Zip
10169

Country

Zip

Country

4. Date Formed or Registered
To Do Business in FloridaE-File Number
73-1708843Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee charged
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name
Corporation Service CompanyStreet Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
TallahasseeState
FLZip Code
32301

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$68.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notice.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.8. Pursuant to the provisions of section 220.18(1) or 220.18(2) Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 220.
Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE 3/28/07

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Number)

City, State and Zip Code

10a. Registration
Document Number

West Port Colony Investors LLC 230 Park Ave 12 FL New York NY 10169

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I declare the Division of
Corporations has no knowledge of non-compliance with Chapter 119, F.S. in the event the information supplied is obtained without from public access. I further certify that the information furnished
to the annual report is true and accurate and any misstatements shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or
trustee of the partnership or executor of the estate as required by Chapter 220, Florida Statutes.

SIGNATURE Christine A. Reinhart

DATE 3/28/07

Typed or Printed Name of General Partner Signing Form

Christine A. Reinhart

Transaction Number (212) 883-2500