

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000001500**

1. Corporation Name

WHS LA Gen-Par, Inc.

2. Principal Office Address

5102 W Laurel St

Suite, Apt. #, etc.

Suite 700

City & State

Tampa, Florida

Zip

33607

Country

USA

3. Mailing Office Address

c/o Arent Fox, ATTN: Tara V.

Suite, Apt. #, etc.

1050 Connecticut Ave, NW

City & State

Washington, DC

Zip

20036

Country

USA

REINSTATEMENT **03**

000024256350

10/29/03--01065--029 **750.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/26/02

5. FEI Number

75-2711975

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/16/03

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
	SEE ATTACHED**		

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:

Ronald L Bernstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 14, 2003 212-902-1000

Daytime Phone #

CR2E081 (10/02)

OFFICERS OF WHSLA GEN-PAR, INC.

NAME	OFFICE	ADDRESS
Daniel M. Neidich	Chairman, Assistant Secretary & Assistant Treasurer	85 Broad St., New York NY 10004
Thilo D. Best	Chief Executive Officer, President & Assistant Secretary	5102 W Laurel St., Suite 700 Tampa, Florida 33607
Jon A. DeLuca	Chief Financial Officer, Vice President	5102 W Laurel St., Suite 700 Tampa, Florida 33607
Stuart M. Rothenberg	Vice President, Assistant Secretary & Assistant Treasurer	85 Broad St., New York NY 10004
Ralph F. Rosenberg	Vice President, Assistant Secretary & Assistant Treasurer	85 Broad St., New York NY 10004
Ronald L. Bernstein	Vice President	85 Broad St., New York NY 10004
Michael K. Klingher	Vice President, Assistant Secretary & Assistant Treasurer	Peterborough Court 133 Fleet Street London EC4A, 2BB United Kingdom
Kevin D. Naughton	Vice President, Secretary & Treasurer	85 Broad St., New York NY 10004

SOLE DIRECTOR

Stuart M. Rothenberg	85 Broad St., New York NY 10004
----------------------	---------------------------------