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10/31/2005 15:47 8502227615 CT CORP PAGE 02/02

APPROVED AND FILED

05 OCT 31 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2

10/28/2005 09:40 FAX 13128793486 @002

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000001855

1. Entity Name
WP STORAGE, INC.

Principal Place of Business	Mailing Address
466 LEXINGTON AVE. NEW YORK, NY 10017	466 LEXINGTON AVE. NEW YORK, NY 10017

2. Principal Place of Business — 3. Mailing Address
Suite, Apt #, etc — Suite, Apt #, etc
City & State — City & State
Zip — Country — Zip — Country

10282005 REIN-P CR2E098 (6/04) 05

4. FEI Number 13-4082790 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] SPECIAL ASSISTANT SECRETARY
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PINCES, LIONEL I 466 LEXINGTON AVE NEW YORK, NY 10017	☐ Delete / ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VOGELSTEIN, JOHN L 466 LEXINGTON AVE. NEW YORK, NY 10017	☐ Delete / ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEIBOWITZ, REUBEN S 466 LEXINGTON AVE. NEW YORK, NY 10017	☐ Delete / ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAPIDUS, SIDNEY 466 LEXINGTON AVE. NEW YORK, NY 10017	☐ Delete / ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARELUARE, SCOTT A 466 LEXINGTON AVE NEW YORK, NY 10017	☐ Delete / ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CURT, TIMOTHY J 466 LEXINGTON AVE NEW YORK, NY 10017	☐ Delete / ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Reuben Leibowitz 10/28/05 212-878-0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H05000253786 3

K. Eckel OCT 31 2005

2/2

Florida Department of State
Division of Corporations
Public Access System

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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

WP STORAGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00