

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sanjiv B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001202

1. Corporation Name

FIRST WALL STREET Management Company, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
666 11th Street, N.W.

Suite, Apt. #, etc.  
Suite 900

City & State  
Washington, D.C.

Zip Country  
20001 U.S.A.

3. New Mailing Office Address, If Applicable  
666 11th Street, N.W.

Suite, Apt. #, etc.  
Suite 900

City & State  
Washington, D.C.

Zip Country  
20001 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/4/93

5. FEI Number  
11-2935677

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Principal Agent for the Receiver	Charles P. Fulford	666 11th Street, N.W. Suite 900	Washington, D.C. 20001

400002640634--4  
09/16/98--01034--002  
\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 9-11-98  
Let 9/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Rd.  
Suite, Apt. #, Etc.  
City  
Plantation  
State  
FL  
Zip Code  
33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Kevin J. Gallagher*  
REGISTERED AGENT MUST SIGN

Date 9-11-98

Kevin J. Gallagher, Asst. VP

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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: *Kevin J. Gallagher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Principal Agent for the Receiver

8/3/98

Date

(202)272-2858

Daytime Phone #