

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000001473

1. Corporation Name

SKW II GEN-PAR, INC.

Principal Place of Business

100 CRESCENT COURT #1000  
DALLAS TX 75201

Mailing Address

85 BROAD STREET 19TH FLR  
NEW YORK NY 10004  
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1994

5. FEI Number

75-2529255

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3 (Do NOT Use Post Office Box Numbers)	4
PD	NEIDICH, DANIEL M	85 BROAD STREET	NEW YORK NY
VPTD VAT	HAMAMOTO, DAVID T LAHEY, BRIAN	85 BROAD STREET 10 HANOVER SQUARE, 20th FL	NEW YORK NY 10005
VPT	NAUGHTON, KEVIN	85 BROAD ST	NEW YORK NY
VPT	ROTHENBERG, STUART M	85 BROAD STREET	NEW YORK NY
VPT	WEIL, DAVID	85 BROAD STREET	NEW YORK NY
VPTAS	O'BRIEN, ELIZABETH	85 BROAD STREET, 19TH FLOOR	NEW YORK NY

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number acceptable)

City

State / Zip Code

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

**SIGNATURE OF CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN**

Date 1/4/98

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/29/98

Daytime Phone #

FILED

99 JAN -4 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (9/98)