	PI FASE READ	TPINI 114	RUCTIONS	REFORE (OMPLET	ING THIS FORM	
PLEASE READ ALL INSTRUCTIONS BEFORE OF APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE OF STATE SANDY BY SECRETARY OF STATE SANDY BY SECRETARY OF STATE DIVISION OF CORPORATIONS					1		
DOCUMENT # F9400005253					99 JAN -4 PM 4:22		
1. Corporation Name WHTR INVESTORS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					-		
			BETH O'BRIEN TREET, 19TH FL. 1Y 10004				
	odresses are incorrect in any way, line that nippel Office Address, If Applicable	formation and enter correction below. ng Office Address, If Applicable		Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt. #,					To Do Business in Florida 10/10/1994		
City & State City & State			. 0, .		5. FEI Number	75-2554168	Applied For Not Applicable
Zip	New Y		Country		6. CERTIFICATE	OF STATUS DESIRED 🗶	8.75 Additional Fee required for a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/		tions must list at lea		11000274	322 <u>5</u>	
Title(s)	and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Number		_	4 -01/15/99/	8° 1048021	
Р	NEIDICH, DANIEL M	85 BROAD STREET, REAL ESTATE DEP			*************************************	· ************************************	
VAT	HAMAMOTO, DAVID T LAHEY BRIAN	.85-BROAD STREET, REAL ESTATE DEP- 10 +14 NOVER SQUARE, JOH FL			NEW YORK NY		
V	ALLEN, KIMBERLY J	100 CRESCENT CT., #1000			DALLAS TX 75201		
DV	ROTHENBERG, STUART M	85 BROAD STREET, REAL ESTATE DEP			NEW YORK NY		
VAST AT	WILLIAMS, TODD A	100 CRESCENT CT., #1000			DALLAS TX 75201		
VST	NAUGHTON, KEVIN		85 BROAD STREET			NEW YORK NY	
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registere	d Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable) Suite 14 11 NSTATE WENT			
City				City	State Jip Code / CO		
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 PERIATIPE SOURCE AGENT MUST SIGN SECTION SIGNATURE Date 1/15/39H-116013 -022 **********************************							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR