

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 # F94000006264

1. Corporation Name

WHLN GEN-PAR, INC.

Principal Place of Business

Mailing Address

ATTN: TODD WILLIAMS
100 CRESCENT COURT, SUITE 1000
DALLAS TX 75201
US

85 BROAD ST.
19TH FLOOR
NEW YORK NY 10004

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

10 Hanover Square, 20th Fl
New York, NY
10005 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1994

5. FEI Number

75-2559133

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 (Do NOT Use Post Office Box Numbers)	City, State, Zip
P	NEIDICH, DANIEL M	85 BROAD ST.	NEW YORK NY
VPAT	HAMAMOTO, DAVID T LAHEY, BRIAN	85 BROAD ST. 10 HANOVER SQUARE, 20th Fl	NEW YORK NY NEW YORK, NY 10005
VP	WEIL, DAVID M	85 BROAD ST.	NEW YORK NY
VPST	NAUGHTON, KEVIN	85 BROAD ST.	NEW YORK NY
VPST VASAT	WILLIAMS, TODD A	100 CRESCENT CT.	DALLAS TX
DPV	ROTHENBERG, STUART M	85 BROAD ST.	NEW YORK NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

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

City

State Zip Code

REINSTATEMENT

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date: 01/15/99 1013-020
*****8.75 *****8.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/98

Date

Daytime Phone #

FILED

99 JAN -4 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2ED040 (6/98)