

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000003212

1. Entity Name
LW-SSP2A, INC.



05 MAY 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

745 7TH AVENUE
NEW YORK, NY 10019

Mailing Address

101 HUDSON STREET
39TH FLOOR
JERSEY CITY, NJ 07302

2. Principal Place of Business

3. Mailing Address

70 Hudson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10th Floor / Corp. Tax Dept.

City & State

City & State

Jersey City, NJ

Zip

Country

Zip

07302

Country

USA



REINSTATEMENT

(6/04)

31-05

4. FEI Number

75-2568430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P CHO, YON K	<input type="checkbox"/> Delete
STREET ADDRESS	745 7TH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE NAME	V MARSAN, DEAN	<input type="checkbox"/> Delete
STREET ADDRESS	745 7TH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE NAME	S MARRE, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS	745 7TH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE NAME	D FLANNERY, JOSEPH J	<input type="checkbox"/> Delete
STREET ADDRESS	745 7TH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE NAME	D COHEN, KENNETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	745 7TH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200055378552
CITY-ST-ZIP	05/26/05--01065--009 **300.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

Barry J. O'Brien

Barry J. O'Brien

05/05/05

(201) 499-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #