

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 # F95000004818

1. Corporation Name

WHRB GEN-PAR, INC.

Principal Place of Business

Mailing Address

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

85 BROAD ST., REAL ESTATE DEPT. 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

10/05/1995

5. FEI Number

75-2615646

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	4
VAT	HAMAMOTO, DAVID T LAHEY, BRIAN	85 BROAD ST., REAL ESTATE DEPT. 10 HANOVER SQUARE, 20th FL	NEW YORK NY 10005
P	NEIDICH, DANIEL M	85 BROAD ST., REAL ESTATE DEPT.	NEW YORK NY 10004
VAT	SISKIND, EDWARD M	85 BROAD ST., REAL ESTATE DEPT.	NEW YORK NY
VAS	ROSENBERG, RALPH F	85 BROAD ST., REAL ESTATE DEPT.	NEW YORK NY
V	KLINGHERG, MICHAEL K	85 BROAD ST., REAL ESTATE DEPT.	NEW YORK NY
VTS VATAS	WILLIAMS, TODD A	85 BROAD ST., REAL ESTATE DEPT.	NEW YORK NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

Street Address (Do NOT Use Post Office Box Numbers)

Suite, Apt. #, Etc.

City

State

Zip Code

CONNIE BRYAN

REINSTATEMENT  
98-  
75 1/4/99  
FL

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

6000002743136--4  
-01/15/99-01013--008  
\*\*\*\*\*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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/98  
Date

Daytime Phone #

CR2E040 (9/90)