

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 # F97000002482

1. Corporation Name

WHNML-S GEN-PAR, INC.

Principal Place of Business

85 BROAD ST. REAL ESTATE DEPT., 19TH FLOOR
NEW YORK NY 10004

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1997

5. FEI Number

75-2699786

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City & State & Zip
D	ROTHENBERG, STUART M	85 BROAD ST, REAL ESTATE DEPT.,	NEW YORK NY 10004
P	NEIDICH, DANIEL M	85 BROAD ST, REAL ESTATE DEPT.,	NEW YORK NY 10004
VAT	HAMAMOTO, DAVID T LAHEY, BRIAN	85 BROAD ST, REAL ESTATE DEPT., 10 HANOVER SQUARE, 20TH FL	NEW YORK NY 10004 10005
V	KLINGHER, MICHAEL K	85 BROAD ST, REAL ESTATE DEPT.,	NEW YORK NY 10004
V	MADISON, ANGIE	85 BROAD ST, REAL ESTATE DEPT.,	NEW YORK NY 10004
VST	NAUGHTON, KEVIN D	85 BROAD ST, REAL ESTATE DEPT.,	NEW YORK NY 10004

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

REINSTATEMENT

Suite, Apt. #, Etc.

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 REQUIRED

REGISTERED AGENT MUST SIGN

200002743142--6

Date 01/15/99

****250.00 ****250.00

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

Date

Daytime Phone #

12/29/98

CR2E040 (9/98)