


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT 02-03		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000003324			
1. Corporation Name WHORL Gen-Par, Inc.			
2. Principal Office Address 10 Hanover Square Suite, Apt. #, etc. 17th Floor City & State New York, NY Zip 10005		3. Mailing Office Address 10 Hanover Square Suite, Apt. #, etc. 17th Floor City & State New York, NY Zip 10005	
Country USA		Country USA	

FILED

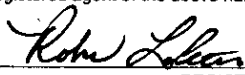
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000011123090
01/28/03--01028--008 ***300.00

4. Date Incorporated or Qualified To Do Business in Florida 06/25/1997	
5. FEI Number 752717788	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 11/06/2002
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	Rothenberg, Stuart M	85 Broad Street	New York, NY 10004
P	Neidich, Daniel M	85 Broad Street	New York, NY 10004
VP	Lahey, Brian M	10 Hanover Square 20th Floor	New York, NY 10005
VPM	Rosenberg, Ralph	85 Broad Street	New York, NY 10005
VP	Williams, Todd	85 Broad Street	New York, NY 10005
VP	Naughton, Kevin	85 Broad Street	New York, NY 10004

10. 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: 		Brian Lahey:VP	11/6/2002 212 590-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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November 6, 2002

Annual Report Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: WH1-PEOPLES SOUTHWEST GEN-PAR INC
WHCB GEN-PAR INC
WHCS GEN-PAR INC
WHC-SIX GEN-PAR INC
WHLCA GEN-PAR INC
WHNML-S GEN-PAR INC
SKW GEN-PAR INC
W9/KL GEN-PAR INC

W9/PHC GEN-PAR INC
WH INVESTORS GEN-PAR INC
WH TE-TWO INVESTORS GEN-PA
WHLNB GEN-PAR INC
WHML-S GEN-PAR INC
WHORL GEN-PAR INC
WHRB GEN-PAR INC
WHTR INVESTORS INC
WHUD GEN-PAR INC
WSK GEN-PAR INC

To Whom It May Concern:

Enclosed please find Uniform Business Reports with remittances for the above-mentioned entities. Please note that these Reports, to date, were not delivered to the Mailing Address reflected in your records. We would ask that as a result of this, you waive any penalties and/or fees.

If you should have any questions, please contact me at 212-902-8012.

Thank you.

Sincerely,

Jennifer L. Hanly
Investment Tax Services

Enclosures

RECEIVED
NOV 12 2002
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA