

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005343**

1. Corporation Name
WHLCA Gen-Par, Inc.

2. Principal Office Address
10 Hanover Square

3. Mailing Office Address
10 Hanover Square

Suite, Apt. #, etc.
17th Floor

Suite, Apt. #, etc.
17th Floor

City & State
New York, NY

City & State
New York, NY

Zip Country
10005 USA

Zip Country
10005 USA

4. Date Incorporated or Qualified
To Do Business in Florida **10/10/1997**

5. FEI Number
752726841

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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 Zip Code
FL 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

Roh Loh

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
D	Rothenberg, Stuart M	85 Broad Street	New York, NY 10004
P	Neidich, Daniel M	85 Broad Street	New York, NY 10004
V	Lahey, Brian M	10 Hanover Square 20th Floor	New York, NY 10005
VPM	Rosenberg, Ralph	85 Broad Street	New York, NY 10005
V	Williams, Todd	85 Broad Street	New York, NY 10005
ST	Naughton, Kevin D	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

Brian Lahey:VP

11/6/2002

212 590-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32302-1500