

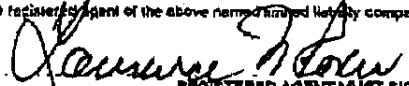
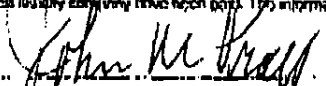
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PAGE 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		03 NOV 17 PM 12:46 FILED TALLAHASSEE, FLORIDA	
DOCUMENT #		L00000008624			
1. Limited Liability Company's Name		Whitehall Realty Advisors, LLC			
2. Principal Office Address		3. Mailing Office Address		11/21/03--01003--027 **100.00 Bp 000024897257	
56 Windjammer Lane Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation Florida, USA	
City & State		City & State		5. Date Organized or Qualified to do business in Florida	
Whitestone, VA		Whitestone, VA		6. FID Number	
Zip	County	Zip	County	☐ Applied For ☐ Not Applicable	
22578	USA			7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name: Lawrence N. Rosen Street Address (P.O. Box Number is Not Acceptable): Lawrence N. Rosen, P.A., 21170 N. E. 22nd Court Suite, Apt. #, Etc.: City: North Miami Beach State: FL Zip Code: 33180					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent				Date: 11/14/03	
10. Names and Street Address of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
Mgr.	J. Michael Pratt	56 Windjammer Lane		Whitestone, VA 22570	
REINSTATEMENT 2001-2003 Bp					
11. I certify that I am managing member/manager or the registered trustee empowered to complete this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the proper fee for dissolving has been eliminated, the limited liability company (name) satisfies the requirements of section 608.008, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager				Date: 11/14/03 Daytime Phone #: 804-435-1166	
Typed or printed name of signing Managing Member/Manager		John Michael Pratt			