L00000008624

11/13/2003 15:1 8502 ESS 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

FILED
03 NOV 17 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008624

1. Limited Liability Company's Name
Whitehall Realty Advisors, LLC

9/28/01

100021897257
11/21/03--01003--027 **100.00

2. Principal Office Address	3. Mailing Office Address
56 Windjammer Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Whitestone, VA	City & State
Zip: 22578	Zip
County: USA	County

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified to do business in Florida

6. FEI Number: Applied For / Not Applicable

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

100021897257
11/21/03--01003--028 **105.00

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: Lawrence N Rosen
REGISTERED AGENT MUST SIGN

Date: 11/14/03

10. Names and Street Addresses 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

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name complies the requirements of section 608.508, F.S., and that all fees owed by the limited liability company have been paid. This 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: John M. Pratt — Date: 11-14-03 — Daytime Phone #: 804-435-1166

Typed or printed name of signing Managing Member/Manager: John Michael Pratt