M 02000000993

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP 22 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800080035188

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M02000000993

1. Limited Liability Company's Name
W9/RSO GP, L.L.C.

04

2. Principal Office Address		3. Mailing Office Address	
100 Crescent Court		100 Crescent Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1000		Suite 1000	
City & State		City & State	
Dallas, Texas		Dallas, Texas	
Zip	Country	Zip	Country
75201	USA	75201	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: April 17, 2002

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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

REINSTATEMENT 2004-2006

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: _____ REGISTERED AGENT MUST SIGN

Melissa Fox
Assistant Secretary

Date: 9/22/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	W9/RSP Real Estate Holdings, L.L.C.	100 Crescent Court, Suite 1000	Dallas, Texas 75201

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 satisfies the requirements of section 608.406, 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: 9/22/06 Daytime Phone #: (212) 357-4770

Typed or printed name of signing Managing Member/Manager: Anthony Cacioppo

CSC

CORPORATION SERVICE COMPANY

M02000000993

ACCOUNT NO. : 072100000032

REFERENCE : 473564 4346135

AUTHORIZATION :

COST LIMIT : $ 255.00

FILED
06 SEP 22 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 22, 2006

ORDER TIME : 1:33 PM

ORDER NO. : 473564-005

CUSTOMER NO: 4346135

REINSTATEMENT

RECEIVED
06 SEP 22 PM 2:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: W9/RSO GP, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____