

M 02000000993

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 SEP 22 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

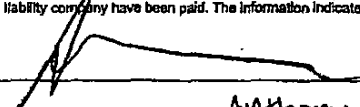
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CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000000993			
1. Limited Liability Company's Name W9/RSO GP, L.L.C.			
2. Principal Office Address 100 Crescent Court Suite, Apt. #, etc. Suite 1000 City & State Dallas, Texas Zip 75201		3. Mailing Office Address 100 Crescent Court Suite, Apt. #, etc. Suite 1000 City & State Dallas, Texas Zip 75201	
Country USA		Country 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	

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 9/22/06	
REGISTERED AGENT NAME Melissa Fox Assistant Secretary			
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			



CORPORATION SERVICE COMPANY

M02060000993

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

BK

REINSTATEMENT

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

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

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 _____