

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name  
WPT Properties GP LLC

### 3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Country  
USA

Zip

Country

8. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable) Suite:  
1200 South Pine Island Road

Apt #, Etc.

Plantation

State  
FL

Zip Code  
33324

5. Date Organized or Qualified To Do Business in Florida 11/3/17

6. FEI Number

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required  
for a certificate of status**

500320110955

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Olga Hinkel - VP

Date 10/22/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Member	WPT Properties Mezz A LP	700 Dresher Road, Suite 150	Horsham, PA 19044
Officer, CEO&Mgr	Thomas Rizk	700 Dresher Road, Suite 150	Horsham, PA 19044
Officer, President & COO	Roger Thomas	700 Dresher Road, Suite 150	Horsham, PA 19044
			<b>OCT 23 2018</b>
	<b>REINSTATEMENT</b>		<b>R. HUNT</b>

11. E- mail Address    sreilly@workspaceproperty.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: /s/ Stephen Gallagher Date 10/16/18 Daytime Phone # 212-218-3378

Typed or printed name of signing authorized representative/member Stephen Gallagher, Authorized Person

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 10/22/2018

Acc#I20160000072

*W: C DW*

Name:	WPT PROPERTIES GP LLC
Document #:	
Order #:	11222055

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input checked="" type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 273.75

Thank you!

OCT 23 2018  
R. HUNT

18 OCT 23 AM 11:30  
TALLAHASSEE  
FLORIDA