

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 APR 19 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

WesChap LLC

2. Principal Office Address

One Seaport Plaza

Suite, Apt. #, etc.

17th Floor

City & State

New York, NY

Zip

10038

Country

3. Mailing Office Address

One Seaport Plaza

Suite, Apt. #, etc.

17th Floor

City & State

New York, NY

Zip

10038

Country

REINSTATEMENT

4. State/Country of Formation

New York

5. Date Organized or Qualified
To Do Business in Florida

11/6/96

6. FEI Number

13-3808962

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)

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

Jonathan R. Giddings

Jonathon R. Giddings

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

April 12, 2002

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
Manager	Richard F. Chapdelaine	One Seaport Plaza	New York, NY 10038
Manager	Michael E. Walsh	One Seaport Plaza	New York, NY 10038
Manager	Robert K. Miller	One Seaport Plaza	New York, NY 10038

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

Richard F. Chapdelaine

Date

4-11-02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Richard F. Chapdelaine, Manager