

Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 2:01

 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

1. DOCUMENT # M96000000439

Name and Mailing Address

0014896 01 AB 0.301 **AUTO H5 0 0615 10038-353917


 WESCHAP LLC
 ONE SEAPORT PLAZA, 17TH FLOOR
 NEW YORK NY 10038-3539


12/3 2003

2. New Mailing Address		4. State/Country of Formation NY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/06/1996	
Principal Place of Business ONE SEAPORT PLAZA, 17TH FLOOR NEW YORK NY 10038	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-3808962	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 300025174123	
		12/03/03--01014--002 **150.00	
		City FL Zip Code	

10. 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

 Jonathan R. Giddings
 Assistant Secretary

Date 11/5/2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CHAPDELAIN, RICHARD F	ONE SEAPORT PLAZA	NEW YORK NY 10038
MGR	WALSH, MICHAEL E	ONE SEAPORT PLAZA	NEW YORK NY 10038
MGR	MILLER, ROBERT K	ONE SEAPORT PLAZA	NEW YORK NY 10038

REINSTATEMENT 2003

12. 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 10/20/03

Daytime Phone # 1-212-208-9130

Typed or printed name of signing Managing Member/Manager