

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT

1. DOCUMENT # M97000000786

Name and Mailing Address

0016709 01 MB 0.309 \*\*AUTO T1 0 0615 75240-501200

WESTBROOK REAL ESTATE PARTNERS II, L.L.C.

13155 NOEL RD

STE 2400

DALLAS TX 75240-5012

FILED  
03 NOV -3 PM 3:07



2. New Mailing Address

1370 Avenue of the Americas, Suite 2800

City, State, Zip New York, NY 10019-4602

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

12/01/1997

Principal Place of Business

13155 NOEL RD

STE 2400

DALLAS TX 75240

3. New Principal Place of Business Address

1370 Avenue of the Americas, Suite 2800

City, State, Zip

New York, NY 10019-4602

6. FEI Number

13-3984371

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 11/13/03

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
MGRM	KAZILIONIS, PAUL D	262 SOUTH BEACH RD	HOBE SOUND FL 33455
MGRM	WALTON, WILLIAM H II	1 INDEPENDENT DRIVE, SUITE 1000	JACKSONVILLE FL 32202
800024550978 11/10/03--01014--001 **155.00			
REINSTATEMENT 2003			
PK			

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

Paul D. Kazilionis

Date 10/27/03

Daytime Phone # (617) 488-6102

Typed or printed name of signing Member/Manager

Paul D. Kazilionis

CR2E084 (7/03)