

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT'S OFFICE OF THE SECRETARY OF STATE
 REINSTATEMENT OF LIMITED LIABILITY COMPANY

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FILED
 03 NOV -3 PM 3:15
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M97000000787

Name and Mailing Address

0016701 01 MB 0.309 **AUTO T1 0 0615 75240-501200
 WESTBROOK CAPITAL, L.L.C.
 13155 NOEL ROAD
 SUITE 2400
 DALLAS TX 75240-5012

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2. New Mailing Address 1370 Avenue of the Americas, Suite 2800		4. State/Country of Formation DE	
City, State, Zip New York, NY 10019-4602		5. Date Organized or Qualified To Do Business in Florida 12/01/1997	
Principal Place of Business 13155 NOEL ROAD SUITE 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 13-3983806	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 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
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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 11/3/03

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 ROAD	HOBE SOUND FL 33455
MGRM	WALTON, WILLIAM H III	1 INDEPENDENT DRIVE, SUITE 1600	JACKSONVILLE FL 32202

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REINSTATEMENT 2003

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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 Signer: Paul D. Kazilionis

CR2E084 (7/03)