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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

M97000000798

FILED
03 NOV -3 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M97000000798

Name and Mailing Address

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WESTBROOK ADVISORS, L.L.C.
13155 NOEL ROAD SUITE 2400
DALLAS TX 75240-5012

CR2E084 (7/03)

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: 13-3983805 ☐ Applied For ☐ Not Applicable
	7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 CONNIE BRYAN SIGNATURE ESPECIAL ASSISTANT SECRETARY Date: 11/3/03

REGISTERED AGENT MUST SIGN

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	181 SOUTH BEACH RD	HOBE SOUND FL 33455
MGRM	WALTON, WILLIAM H III	1 INDEPENDENT DRIVE, SUITE 10000	JACKSONVILLE FL 32202

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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: Paul D. Kazilionis Date: 10/27/03 Daytime Phone #: (617) 488-6102

Typed or printed name of signing Managing Member/Manager: Paul D. Kazilionis