

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
RECEIVED
OFFICE OF THE
CLERK OF THE SUPREME COURT

FILED

02 AUG -2 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M9800000007**

1. Limited Liability Company's Name
W9/MLM GEN-PAR, L.L.C.

000006905940--0
-08/06/02--01003--030
1025.00 *205.00

2. Principal Office Address
10 HANOVER SQUARE

3. Mailing Office Address
10 HANOVER SQUARE

Suite, Apt. #, etc.
20TH FLOOR

Suite, Apt.# etc.
20TH FLOOR

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip Country
10005 USA

Zip Country
10005 USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified
To Do Business in Florida 1/05/1998

6. FEI Number
752732957

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 Zip Code
FL

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 Cornie Agan

Date 6/24/2002

REGISTERED AGENT MUST SIGN

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
MGR	ROTHENBERG, STUART M	85 BROAD STREET	NEW YORK, NY 10005

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 it made under oath.

Signature of
Managing Member/Manager

Date 6/24/2002

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Susan L. Sack Authorized Representative of a Member

CT CORPORATION

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CORPORATION(S) NAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W9/MLM Gen-Par, L.L.C.

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02 AUG -2 AM 11:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/2/02

Order#: 5515571

Ref#: _____

Amount: \$ _____