2. Principal Office Address 10 HANOVER SQUARE 5. Date Organized or Qualified To Do Business in Florida 1/05/1998 6. FEI Number 752732957 Not Applicable NEW YORK, NY 10005 1	<u>i </u>	- •.	PLEASE RE	AD ALL IN	STRUCT	TIONS BEFO	DRE COMPLE	TING T	THIS FORM.		
CORREINS INTERPLATED COLORS AND SECRETARY OF STATE SECRETARY OF STATE TALL ARIASSEE, FLORIDA 1. Limited Liability Company's Name W9/MLM GEN-PAR, L.L.C. 1. Controlled Office Address 10 HANOVER SQUARE 10 HANOVE	LIM	TFD.		ELO#	DA D A F	RTMENT S	ATE A	7	FILED		
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State Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite. Apt. #, Etc. City PLANTATION I, 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 MUST SIGN Date 6/24/2002 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10005 1. 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name saltsfiles the requirements of section 604 406, F.S. and that all fees owned 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.	10005		USA	10005		USA	CERTIFICA	TE OF STAT	US DESIRED X SSUU	a Certificate of S	required Status
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good or printed name of signing Managing Member/Manager 50560 L DGCL ITUTION 1284 DEVICE MORIE OF a 1/18/002/					11500 I	Snot A	Uthorisal	Room	codation of	Memb	

CT CORPORATION

FILED

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CORPORATION(S) NAME		SECRETARY OF STATE TALLAHASSEF, FLORIDA
W9/MLM Gen-Par, L.L.C.		
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<u> </u>		
		1376
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() Dun Ct	() Amendment	() Merger
() Profit () Nonprofit	·	() Merger
() Foreign	() Dissolution/Withdrawal (X) Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	() Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	(X) CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	8/2/02	Order#: 5515571
Availability	•	•
Document		
Examiner		Ref#:
Updater		
Verifier		
W.P. Verifier		Amount: \$

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615