

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

2001 DIVISION OF CORPORATIONS

02 FEB 25 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000125

1. Limited Liability Company's Name

W9/RSO Gen-Pas, L.L.C.

REINSTATEMENT

2001-  
2002

2. Principal Office Address

10 Hanover Square

Suite, Apt. #, etc.

17th Floor

City & State

New York, NY

Zip

10005

Country

USA

3. Mailing Office Address

10 Hanover Square

Suite, Apt. #, etc.

17th Floor

City & State

New York, NY

Zip

10005

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 2/10/1998

6. FEI Number

75-2746931

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

200005027162-4

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

1200 South Pine Island Road

-02/28/02--01064--003

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

200005027162-4

-02/28/02--01064--004

\*\*\*\*30.00 \*\*\*\*30.00

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date 2/25/02

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
Mr.	Stuart Rottenberg	85 Broad Street	NY, NY 10004
Mr.	Jonathan Langer	85 Broad Street	NY, NY 10004
VP	Douglas Kessler	85 Broad Street	NY, NY 10004
VP	Todd A Williams	85 Broad Street	NY, NY 10004
Mr.	Mitchell Weiss	85 Broad Street	NY, NY 10004

REINSTATEMENT

2001-2002

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 if made under oath.

Signature of  
Managing Member/Manager

Mitchell A. Weiss

Date

2/2002

Daytime Phone

2629021000

Typed or printed name of signing Managing Member/Manager

Mitchell Weiss