

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 22 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001367

1. Limited Liability Company's Name

WXI/MLM GEN-PAR/W, L.L.C.

800005326708--6

-04/23/02--01064--007

****200.00 ****200.00

2. Principal Office Address

85 Broad Street

Suite, Apt. #, etc.

City & State

New York, NY 10004

Zip

10004

Country

USA

3. Mailing Office Address

85 Broad Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10004

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

11/18/98

6. FEI Number

752780477

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

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

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

2-18-02

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
MGRM	WHITEHALL STREET REAL ESTATE LIMITED PARTNERSHIP	85 BROAD STREET	NEW YORK, NY 10004

REINSTATEMENT

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

Barbara A. Burke

Date

Daytime Phone#

305-823-3102

Typed or printed name of signing Managing Member/Manager