

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

02 AUG -2 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *M9900000604*

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

800006905968--3  
-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 4/23/1999

6. FEI Number  
752818190

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 *Connie Rogers*

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
MGR	NEIDICH, DANIEL M	85 BROAD STREET	NEW YORK, NY 10005
MGR	ROSENBERG, RALPH F	85 BROAD STREET	NEW YORK, NY 10005

*FF 5205.00*  
**REINSTATEMENT** *01-02*  
*OUT*

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. Slack: Authorized Representative of a Member*

CT CORPORATION

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

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

RECEIVED  
02 AUG -2 AM 11:59  
SECRETARY OF STATE  
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: \$ \_\_\_\_\_

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Tallahassee, FL 32301  
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Fax 850 222 7615