

M9900001266

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

02 AUG -2 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M9900001266

1. Limited Liability Company's Name
WHCB-B GEN-PAR, L.L.C.

500006905995--9
-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 8/11/99

6. FEI Number
752831720

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 Cornel B. Bynum

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 \$205.00

REINSTATEMENT

01-02
Cus

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

WHCB-B 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: \$ _____

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