

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 Suite, Apt. #, etc. 20TH FLOOR City & State NEW YORK, NY Zip 10005		3. Mailing Office Address 10 HANOVER SQUARE Suite, Apt.# etc. 20TH FLOOR City & State NEW YORK, NY Zip 10005		4. State/Country of Formation DELAWARE	
Country USA		Country USA		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 <input checked="" type="checkbox"/> \$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

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 *Conrad Byrum* 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
			OUS

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 *Susan L. Slack* 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  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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 checked="" type="checkbox"/> Reinstatement	<input type="checkbox"/> Mark
<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"/> Fictitious Name	<input type="checkbox"/> Change of RA <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