

1199000001396

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 # 1199000001396

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

200006905922--6
-08/06/02--01003--030
1025.00 *205.00

2. Principal Office Address 10 HANOVER SQUARE		3. Mailing Office Address 10 HANOVER SQUARE		4. State/Country of Formation DELAWARE	
Suite, Apt. #, etc. 20TH FLOOR		Suite, Apt. # etc. 20TH FLOOR		5. Date Organized or Qualified To Do Business in Florida 9/7/1999	
City & State NEW YORK, NY		City & State NEW YORK, NY		6. FEI Number 752836921	
Zip 10005		Country USA		Applied For Not Applicable	
Zip 10005		Country USA		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 Connie Bryan 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 10004
MGR	NEIDICH, DANIEL M	85 BROAD STREET	NEW YORK, NY 10004
MGR	ROSENBERG, RALPH F	85 BROAD STREET	NEW YORK, NY 10004
			FF 1025.60
			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 Susan L. Sack Date 6/24/2002 Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager Susan L. Sack: Authorized Representative of a Member

CT CORPORATION

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

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

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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