

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000081012			
1. Corporation Name W.L. APARTMENTS, INC.			
Principal Place of Business WALDEN LAKEWOOD APTS. 602 E. ALEXANDER STREET PLANT CITY FL 33566		Mailing Address WALDEN LAKEWOOD APTS. 602 E. ALEXANDER STREET PLANT CITY FL 33566	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 11/23/1993		5. FEI Number 65-0449888	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	RICHMAN, RICHARD P	599 W PUTNAM AVE	GREENWICH CT 06830
<del>D</del>	<del>RICHMOND, ERIC</del>	<del>570 TAXTER RD SUITE 420</del>	<del>ELMSFORD NY 10523</del>
<del>S</del>	<del>REID, DEBRA</del>	<del>570 TAXTER ROAD SUITE 420</del>	<del>ELMSFORD FL</del>
<del>PM</del>	<del>FAIRCLOTH, PAT</del>	<del>602 E ALEXANDER ST</del>	<del>PLANT CITY FL 33566</del>
D	Myers, Brian	599 W. Putnam Ave	Greenwich CT 06830
See Attached Schedule I			
8. Name and Address of Current Registered Agent WALDEN, LAKEWOOD APARTMENTS 602 E ALEXANDER ST 602 E. ALEXANDER STREET PLANT CITY FL 33566		9. Name and Address of New Registered Agent Name Jay Sakalo de Bilzin Sunberg Dunn Boena P Street Address (P.O. Box Number is Not Acceptable) 2500 First Union Financial Center Suite, Apt. #, Etc. 200 South Biscayne Boulevard City Miami State FL Zip Code 33131	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent REGISTERED AGENT MUST SIGN		Date 11/27/01	
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Brian Myers, Director		Date 11/27/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 203-869-0900	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -4 AM 9:43

REINSTATEMENT 01

CR20408001

**SCHEDULE I**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
P, AS	Eric Richelson	599 W. Putnam Ave.	Greenwich, CT 06830
S, T	David Salzman	599 W. Putnam Ave.	Greenwich, CT 06830
AS	Leon J. Wolfe	599 W. Putnam Ave.	Greenwich, CT 06830