

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

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

DOCUMENT # **P93000081012**

1. Corporation Name
W.L. APARTMENTS, INC.

Principal Place of Business Mailing Address

WALDEN LAKEWOOD APTS.
 602 E. ALEXANDER STREET
 PLANT CITY FL 33566

WALDEN LAKEWOOD APTS.
 602 E. ALEXANDER STREET
 PLANT CITY FL 33566



REINSTATEMENT 01

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

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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
D	RICHELSON, ERIC	570 TAXTER RD SUITE 420	ELMSFORD NY 10523
S	REID, DEBRA	570 TAXTER ROAD SUITE 420	ELMSFORD FL
PM	FAIRCLOTH, PAT	602 E ALEXANDER ST	PLANT CITY FL 33566
D	<i>Myers, Brian</i>	<i>599 W. Putnam Ave</i>	<i>Greenwich CT 06830</i>
	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 Bacon P

Street Address (P.O. Box Number is Not Acceptable)
2500 First Union Financial Center

Suite, Apt. #, Etc.
200 South Biscayne Boulevard

City State Zip Code
Miami FL 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 *Jay Sakalo*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *11/29/01*

000004721490--3
 -12/13/01-01006--010
 ****750.00/****750.00

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/27/01*

Daytime Phone # *203-869-0900*

CR2E0408001

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