

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081012

**1. Corporation Name**

W.L. APARTMENTS, INC.

**2. Principal Office Address**

WRMC, Inc.

**3. Mailing Office Address**

WRMC, Inc.

Suite, Apt. #, etc.

599 West Putnam Avenue

Suite, Apt. #, etc.

599 West Putnam Avenue

City & State

Greenwich, CT

City & State

Greenwich, CT

Zip

06830

Country

USA

Zip

06830

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/24/93

**5. FEI Number**

65-0449888

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 07

**7. Name and Address of Current Registered Agent**

Name

The Richman Group of Florida, Inc.

600024013096  
10/22/03--01049--004 \*\*750.00

Street Address (P.O. Box Number is Not Acceptable)

The Brandywine Centre 1, 580 Village Blvd.

Suite, Apt. #, Etc.

Suite 120

City

West Palm Beach

State

FL

Zip Code

33409

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Kristin M. Miller  
President

Date

10/10/03

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richard P. Richman	599 West Putnam Avenue	Greenwich, CT 06830
D	Brian Myers	599 West Putnam Avenue	Greenwich, CT 06830
PAS	Eric Richelson	4 New King Street	White Plains, NY 10604
ST	David A. Salzman	599 West Putnam Avenue	Greenwich, CT 06830
AS	Leon J. Wolfe	599 West Putnam Avenue	Greenwich, CT 06830

**10.** 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:

*David A. Salzman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

10/10/03  
Date

203-869-0900  
Daytime Phone #

210/12