CAPITAL CONNECTION 850 222 1222 09/19 '00 12:50 NO.509 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000047170

1. Corporation Name

WHITEHALL WELLINGTON INVESTMENTS, INC.

REINSTATEMENT 9-7-00

2. Principal Office Address	3. Mailing Office Address
6 HARBOR PARK DRIVE	6 HARBOR PARK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT WASHINGTON, NY	City & State: PORT WASHINGTON, NY
Zip: 11050 Country: USA	Zip: 11050 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: MAY 28, 1996

5. Fei Number: 11-3328553 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X ($5.75 Additional Fee required for Certificate of Status)

SP

7. Name and Address of Current Registered Agent

Name: B & C CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 201 SOUTH BISCAYNE BOULEVARD

Suite, Apt. #, Etc.: SUITE 3000

City: MIAMI State: FL Zip Code: 33131

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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: X Ana Salcado Date: SEPTEMBER 30, 2000

ANNA SALCADO, VICE PRESIDENT
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
P,T,S	WEINBERG, STUART	17 SECOND AVENUE	MERRICK, NY 11566

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: Stuart Weinberg, STUART WEINBERG 09/19/00 (516) 626-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #