


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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STATE
TALLAHASSEE, FLORIDA

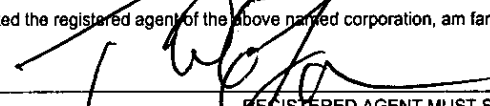
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000003235 1. Corporation Name Universal Resorts - Kissimmee Club Association, Inc.			
2. Principal Office Address 1071A Universal Resorts Pl. Suite, Apt. #, etc.		3. Mailing Office Address 1071A Universal Resorts Pl. Suite, Apt. #, etc.	
City & State Kissimmee, Florida		City & State Kissimmee, Florida	
Zip 34744	Country United States	Zip 34744	Country United States
4. Date Incorporated or Qualified To Do Business in Florida 5/12/2000		5. FEI Number 593714285	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name Richard E. Larsen			
Street Address (P.O. Box Number is Not Acceptable) 34 E. Pine Street			
Suite, Apt. #, Etc.			
City Orlando	State FL	Zip Code 32801	

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.

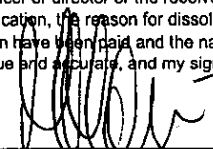
Signature of Registered Agent:  Date: 1/23/03

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 PT	David Moth	1071A Universal Resorts Place	Kissimmee, FL 34744
D VS	Marion Moth	1071A Universal Resorts Place	Kissimmee, FL 34744
D VP	JACK HARDIN	1071A Universal Resorts Place	Kissimmee, FL 34744
			700011593787 01/31/03--01061--019 **900.00

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:  MARION MOTH Vice President Date: 1/23/03 Daytime Phone #: 407 962 0403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

"D's" as per Marion Moth 3-6-03

CR2E081 (10/02)