

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003946			
1. Entity Name CLUBESSENTIAL, INC.			
Principal Place of Business 420 S. ORANGE AVE. STE 700 ORLANDO, FL 32801		Mailing Address P.O. BOX 2226 ORLANDO, FL 32802	
2. Principal Place of Business - No P.O. Box # 1 Post Office Square Suite, Apt. #, etc. 3100		3. Mailing Address 1 Post Office Square Suite, Apt. #, etc. 3100	
City & State Boston, MA		City & State Boston, MA	
Zip 02109		Country	
4. FEI Number 33-0865949		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMAS, STEPHANIE J 420 S. ORANGE AVE. STE 700 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name CT Corporation System 1200 S Pine Island Rd, Suite 250 Plantation, Florida 33324 FL Zip Code	
8. The above named entity submits this statement for the purpose of reinstating its status as a corporation or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE: <u>Connie Bryan</u> Signature typed in printed name in Block 10 and 11		2/2/09	
FILE NOWIN FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLOOM, BARRY A.N. 420 S ORANGE AVE, STE 700 ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Karamjit S. Kalsi 1585 Broadway New York, NY 10036 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP BLOOM, BARRY A.N. 420 S ORANGE AVE, STE 700 ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael J. Franco 1585 Broadway New York, NY 10036 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRISWOLD, JOHN A 420 S ORANGE AVE, STE 700 ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael T. Quinn 1585 Broadway New York, NY 10036 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STRICKLAND, C. BRIAN 420 S ORANGE AVE, STE 700 ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daniel C. Wright 1 Post Office Square Ste 3100 Boston MA, 02109 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMAS, STEPHANIE J 420 S ORANGE AVE, STE 700 ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Warren Fields 1 Post Office Square Ste 3100 Boston MA, 02109 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Dina 1 Post Office Square Ste 3100 Boston MA, 02109 ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as provided, or on an attachment with an address, with all other lines empowered.			
SIGNATURE: <u>Daniel C. Wright</u> SIGNATURE AND TYPED OR PRINTED NAME OF SPONSORING OFFICER OR DIRECTOR		Date Signature Printed	

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