2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500143745295
02/17/09--01010--017 **300.00

12222008 REIN-P CR2E098 (1/07)

DOCUMENT # F00000006128

1. Entity Name
CNL HOSPITALITY LEASING CORP.

Principal Place of Business
420 S. ORANGE AVENUE
STE 700
ORLANDO, FL 32801

Mailing Address
PO BOX 2226
ORLANDO, FL 32802

2. Principal Place of Business No P.O. Box #: 1 Post Office Square
Suite, Apt #, etc.: 3100
City & State: Boston MA
Zip: 02109
Country:

3. Mailing Address: 1 Post Office Square
Suite, Apt #, etc.: 3100
City & State: Boston, MA
Zip: 02109
Country:

4. FEI Number: 59-3701214 ☐ 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 AVENUE
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 changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: Connie Bryan — Connie Bryan, Assistant Secretary 2/12/09
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! 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	D BOURNE, ROBERT A 450 S ORANGE AVENUE 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	SSVP BLOOM, BARRY A.N. 420 S ORANGE AVENUE, 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	TSVP PATTEN, MARK E 420 S. ORANGE AVENUE, 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	D SENEFF, JAMES M JR. 450 S. ORANGE AVENUE 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	CEO HUTCHISON, THOMAS J III 420 S. ORANGE AVENUE, 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	P GRISWOLD, JOHN A 420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801	☑ 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 exemptions 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 receiver 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel C. Wright, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

2/17