2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 FEB 17 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200143744802
02/17/09--01010--009 **300.00

DOCUMENT # F02000000637

1. Entity Name
CNL TRAVEL SERVICES, INC.

12222008 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
420 SO. ORANGE AVE. STE 700 ORLANDO, FL 32801	P.O. BOX 2226 ORLANDO, FL 32802-2226

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1 POST OFFICE SQUARE	1 POST OFFICE SQUARE
Suite, Apt. #, etc. 3100	Suite, Apt. #, etc. 3100
City & State BOSTON, MA	City & State BOSTON MA
Zip / Country 02109	Zip / Country 02109

4. FEI Number
80-0023883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, STEPHANIE J 420 SO. ORANGE AVE. STE 700 ORLANDO, FL 32801	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. It is aware of and agrees to comply with the provisions of Florida Statutes, and is familiar with and accepts the obligations of its position as registered agent.

SIGNATURE: Connie Bryan Assistant Secretary DATE: 2/2/09

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	CEO HUTCHISON, THOMAS J III 420 SO. 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	EVPT STRICKLAND, C. BRIAN 420 SO 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	SSVP BLOOM, BARRY AN 420 SO. 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	D BOURNE, ROBERT A 450 SO. ORANGE AVE ORLANDO, FL 328013316	☑ 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	D SENEFF, JAMES M JR. 450 SO. ORANGE AVE. ORLANDO, FL 328013336	☑ 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 SO. ORANGE AVE., STE 700 ORLANDO, FL 328013336	☑ 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 Number

2/17a