

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005958

1. Corporation Name

KSL Hotel Corp.

100030560321
03/16/04--01049--010 **\$900.00

2. Principal Office Address

4400 N. W. 87th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

USA

3. Mailing Office Address

50-905 Avenida Bermudas

Suite, Apt. #, etc.

City & State

La Quinta, CA

Zip

92252

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/30/1993

5. FEI Number
33-0591433

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

[Signature]

REGISTERED AGENT MUST SIGN

M.T. FITZPATRICK
ASSISTANT SECRETARY

Date March 8, 2004

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
Pres.	Scott M. Dalecio	50-905 Avenida Bermudas	La Quinta, CA 92253
EVP	Michael S. Shannon	50-905 Avenida Bermudas	La Quinta, CA 92253
VT	Eric C. Resnick	50-905 Avenida Bermudas	La Quinta, CA 92253
VS	Nola S. Dyal	50-905 Avenida Bermudas	La Quinta, CA 92253
EVP	Larry E. Lichliter	50-905 Avenida Bermudas	La Quinta, CA 92253
AS	Kimberly F. Lynch	50-905 Avenida B ermudas	La Quinta, CA 92253

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:

Kimberly F. Lynch Kimberly F. Lynch 3/8/04 (660) 564-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #