PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 12 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P94000000151

1. Corporation Name:
Barcelo Hotels USA, Inc.

2. Principal Office Address	3. Mailing Office Address
8405 Greensboro Dr.	8405 Greensboro Dr.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: McLean, VA	City & State: McLean, VA
Zip: 22102 Country: U.S.A.	Zip: 22102 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 1/12/1994

5. FEI Number: 52-1793057 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Baye Street

Suite, Apt. #, etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Deborah D Skipper Deborah D. Skipper Asst. V. Pres. Date: 3/11/03
REGISTERED AGENT MUST SIGN

DR2E004 (1/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Simon Pedro Barcelo Vadell	8405 Greensboro Dr., #500	McLean, VA 22102
V	James L. Francis	8405 Greensboro Dr., #500	McLean, VA 22102
S	Cristofor Guillem Henn	8405 Greensboro Dr., #500	McLean, VA 22102
AS	Tracy M.J. Colden	8405 Greensboro Dr., #500	McLean, VA 22102
D/C	Sebastian Barcelo	8405 Greensboro Dr., #500	McLean, VA 22102

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: Tracy M.J. Colden Tracy McJ. Colden 3/11/03 571-382-1708
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

From:
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Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

BARCELO HOTELS U.S.A., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00