

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 PM 3:28

DOCUMENT # F94000000515

**1. Corporation Name**

DHI RESORT CORP., A DELAWARE CORPORATION

**2. Principal Office Address**

570 KIRKLAND WAY

Suite, Apt. #, etc.

City & State

KIRKLAND, WA

Zip

98033

Country

**3. Mailing Office Address**

570 KIRKLAND WAY

Suite, Apt. #, etc.

City & State

KIRKLAND, WA

Zip

98033

Country

REINSTATEMENT

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/2/1994

**5. FEI Number**

65-0487689

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)

1701 HAYS 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

*Karna L. Duff*

Date

6/30/00

REGISTERED AGENT MUST SIGN

**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
P	PATRICK R. COLEE	570 KIRKLAND WAY	KIRKLAND, WA 98033
VP	PHILIP A. BROWN	570 KIRKLAND WAY	KIRKLAND, WA 98033
S	JOHN M. DONOGHUE	570 KIRKLAND WAY	KIRKLAND, WA 98033
T	MICHAEL J. BENECKE	570 KIRKLAND WAY	KIRKLAND, WA 98033

**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:

*Michael J. Bennecke* Michael J. Bennecke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/5/00

(425) 927-9757

Daytime Phone #

CR2E081 (9/99)