PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 DEC 19 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # F94 00000 5195

1. Corporation Name

HUDSON HOTELS CORPORATION

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
300 BAUSCH & LOMB PLACE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCHESTER, NY	City & State
Zip: 14604 Country: UNITED STATES	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: June 5, 1987

5. FEI Number: 16-1312167 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 Rd

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: Connie Bryan, Connie Bryan, Special Asst. Sec. Date: 12-19-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
EVP	Thomas W. Blank	300 Bausch & Lomb Place	Rochester, NY 14604

700004744767--D
-12/31/01--01049--019
****750.00 ****750.00

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: THOMAS W. BLANK EVP (585) 454-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIRECTORS AND OFFICERS
OF
HUDSON HOTELS CORPORATION

Position	Name	Address
C/P/D	E. Anthony Wilson	300 Bausch & Lomb Place Rochester, NY 14604
V/Treasurer/S (Asst.)/D	Ralph L. Peek	300 Bausch & Lomb Place Rochester, NY 14604
EVP/COO	Bruce A. Sahs	300 Bausch & Lomb Place Rochester, NY 14604
EVP	Thomas W. Blank	300 Bausch & Lomb Place Rochester, NY 14604
EVP	Christopher B. Burns	300 Bausch & Lomb Place Rochester, NY 14604
V	Christopher M. Guider	300 Bausch & Lomb Place Rochester, NY 14604
V	Dawn M. Richenberg	300 Bausch & Lomb Place Rochester, NY 14604
V	Helmut Rueckert	300 Bausch & Lomb Place Rochester, NY 14604
V	Elizabeth Potter	300 Bausch & Lomb Place Rochester, NY 14604
V	Michael A. Sahs	300 Bausch & Lomb Place Rochester, NY 14604
S/D	Alan S. Lockwood	Boylan, Brown et al. 2400 Chase Square Rochester, NY 14604