

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 14 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003776

1. Corporation Name

STARWOOD DEVELOPMENT CORP.

Principal Place of Business

C/O STARWOOD CAPITAL GROUP
3 PICKWICK PLAZA STE 250
GREENWICH CT 06830

Mailing Address

C/O STARWOOD CAPITAL GROUP
3 PICKWICK PLAZA STE 250
GREENWICH CT 06830



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

591 West Putnam Ave.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

591 West Putnam Ave.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1995

5. FEI Number

36-3858275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, and Zip
DCP	STERNLIGHT, BARRY S	3 PICKWICK PLAZA STE 250 591 West Putnam Ave.	GREENWICH CT 06830
V	GROSE, MADISON F	3 PICKWICK PLAZA STE 250 591 West Putnam Ave.	GREENWICH CT 06830
OFF EXPT	SILVEY, JEROME C	3 PICKWICK PLAZA STE 250 591 West Putnam Ave.	GREENWICH CT 06830
V	ELIAN, JONATHAN D	3 PICKWICK PLAZA STE 250 591 West Putnam Ave.	GREENWICH CT 06830
V	KLEEMAN, MERRICK R	3 PICKWICK PLAZA STE 250 591 West Putnam Ave.	GREENWICH CT 06830

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, and Zip
City FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Conie Burr
REGISTERED AGENT MUST SIGN

Date 10/14/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Jerome C. Silvey

10/13/99 (203) 422-7700
Date Daytime Phone #