

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 AUG -4 PM 4: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004367 1. Entity Name CNL HOTELS & RESORTS, INC.	
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Principal Place of Business 420 S. ORANGE AVENUE STE 700 ORLANDO, FL 32801	Mailing Address P.O. BOX 2226 ORLANDO, FL 32802-2226
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2. Principal Place of Business - No P.O. Box # 1 Post office square Suite, Apt. #, etc. 3100	3. Mailing Address Suite, Apt. #, etc.
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City & State Boston, MA	City & State
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Zip 02109	Country	Zip	Country
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4. FEI Number 59-3396369	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 08/04/09

000159236830
08/04/09-01031--003 **300.00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SENEFF, JAMES M JR 450 S. ORANGE AVENUE ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BOURNE, ROBERT A 450 S. ORANGE AVENUE ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HUTCHISON, THOMAS J 420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS MCMULLEN, GREERSON G 420 S ORANGE AVENUE, STE 700 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO GRISWOLD, JOHN A 420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMAS, STEPHANIE J 420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHER DEVINE 1 POST OFFICE SQUARE STE. 3100 BOSTON, MA 02109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN FIELDS 1 POST OFFICE SQUARE STE-3100 BOSTON, MA 02109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIM DINA 1 POST OFFICE SQUARE STE-3100 BOSTON, MA 02109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MICHAEL T. QUINN 1 POST OFFICE SQUARE STE. 3100 BOSTON, MA 02109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOHN P. BUZA 1 POST OFFICE SQUARE STE 3100 BOSTON, MA 02109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MICHAEL S. FRANCO 1 POST OFFICE SQUARE STE 3100 BOSTON, MA 02109 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 7/14/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #