

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H32503

1. Corporation Name

K W RESORT HOLDINGS CORP.

FILED

98 AUG -5 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

599 Lexington Ave., 26th FL
New York, NY 10043 US

Mailing Address

c/o United Corporate Services, Inc.
801 N.E. 167th St., Suite 300
North Miami Beach, FL 33162

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3250104

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

State 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CAHILL, William T.	599 Lexington Avenue	New York, NY 10043
DVS	HERMAN, William	599 Lexington Avenue	New York, NY 10043
VT	BRANDI, Teresa	850 Third Ave.	New York, NY
VAT	NANION, John	850 Third Ave.	New York, NY

REINSTATEMENT

96 98 75

8. Name and Address of Current Registered Agent

United Corporate Services, Inc.
801 N.E. 167th Street, Suite 300
North Miami Beach, FL 33162 US

9. Name and Address of New Registered Agent

Name

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

2000002611072

Suite, Apt. #, Etc.

-08/07/98--01086--023

City

***1058. State ***1058.75

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

Michael A. Barr

REGISTERED AGENT MUST SIGN

President

Date

8/3/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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

William T. Cahill, President

Date

7/31/98

Daytime Phone #

212/559-7097