

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 14 AM 8:57

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10/13/09--01061--002 **138.75
CR2E041 (10/08)

DOCUMENT # L05000117573

1. Limited Liability Company's Name

CWI INVESTOR HOLDINGS 23, LLC

2. Principal Office Address - No P.O. Box #

7700 E. PRINCESS DRIVE

Suite, Apt. #, etc.
11

City & State

SCOTTSDALE, AZ

Zip
85255

Country
USA

3. Mailing Office Address

8655 S. PRIEST DRIVE

Suite, Apt. #, etc.
SUITE 101

City & State

TEMPE, AZ

Zip
85284

Country
USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 12/08/2005

6. FEI Number

20-4450794

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.
SUITE 4

City
WESTON

State
FL

Zip Code
33331

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature] Nicole Geremia Asst Secretary

REGISTERED AGENT MUST SIGN

Date 10/7/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Peter M. Gold	7700 E. Princess Dr. #11	Scottsdale, AZ 85255

REINSTATEMENT 2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature]

Date 10-12-09

Daytime Phone# 480-820-0997

Typed or printed name of signing Managing Member/Manager

Peter M. Gold