


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<p>05 JUN 28 11:59</p> <p>900057339789 07/12/05--01018--005 **1650.00</p> <p><b>REINSTATEMENT 99-05</b></p>	
<b>DOCUMENT #</b> L36912					
<b>1. Corporation Name</b> SWF Country Club Development Corp.					
<b>2. Principal Office Address</b> 10 Light Street, 19th Floor		<b>3. Mailing Office Address</b> 10 Light Street, 19th Floor			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Baltimore, MD		City & State Baltimore, MD			
Zip 21202	Country U.S.A.	Zip 21202	Country U.S.A.	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/18/1989	
				<b>5. FEI Number</b> 043077986	<b>Applied For</b> Not Applicable
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
<b>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.</b>					
Signature of Registered Agent		Jennifer Quinn Assistant Secretary		Date 6/27/05	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	Epstein, Howard C.	201 E. Washington Street		Phoenix, AZ 85004	
D	Fuszard, Joseph T.	555 S. Flower Street, 5th Floor		Los Angeles, CA 90071	
D	Nash, Phyllis P.	10 Light Street, 19th Floor		Baltimore, MD 21202	
T	Barr, Adrienne M.	10 Light Street, 19th Floor		Baltimore, MD 21202	
S	Boyle, Alexandra M.	555 California Street, 8th Floor		San Francisco, CA 94104	
<b>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.</b>					
<b>SIGNATURE:</b>		Alexandra M. Boyle		Date 6/24/05 (415) 622-2093	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (01/05)