10/ 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STA Katherine Harris Secretary of State DIVISION OF CORPORATIONS					FILTE RETARY OF STATE ON OF CORPORATIONS AR -8 AM 10: 23	M 3/15	
DOCUMENT # L9300000064 1. Limited Liability Company's Name TCC VENEZUELA, L.C. PEINSTATENENT 1999—; 2002						/ /	
-	Office Address	3. Mailing Office Addr	 				
1950 Stemmons Freeway Suite, Apt. #, etc.		Same Suite. Apt.# etc.		4. State/Coun Florida	4. State/Country of Formation Florida		
Suite 6001		Same			5. Date Organized or Qualified To Do Business in Florida		
City & State Dallas, TX		City & State ,		6. FEI Numbe	3/12/93 . Applied For		
Zip Country		Zip	Country	65-0395 7.	65-0395264 Not Applicable		
75207	USA	Same	Same	CERTIFICATE		Additional Fee required Certificate of Status	
8. Name and Address of Current Registered Agent Name							
Corporation Services Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite. Apt. #, Etc. City Tallahassee State Zip Code Tallahassee FL 32301							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accessing according to the second secon					Date 3/7/2002		
10. Names	10. Names and Street Addresses of Managing Members/Managers Name of Street Address of Eacl				h		
Titles	Managing Members/ Manage		Managing Memb		City / State /	Zip	
MGR	CHC Hotels & Resor	ts Corp. 195	te 6001 O Stemmons te 6001	Frwy.	Dallas, TX 752	207	
MGR	Carnicon Holdings		0 Stemmons	Frwy.	Dallas, TX 752	207	
31	INSTATEMEN	1994	2002	1	00005074	291	
	that i am managing member/manager or						
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 it made under oath.							
Signature of Managing Member/Manager Date 3-5-02 Daytime Phone # 24-863-700 Typed or printed name of signing Managing Member/Manager 500 P Boldman							
Typed or printed name of signing Managing Member/Manager <u>Tohn + Bohlm zwn</u>							



ACCOUNT NO. : 072100000032

REFERENCE

440463

AUTHORIZATION

COST LIMIT : \$ 300.00

ORDER DATE: March 7, 2002

ORDER TIME : 2:55 PM

ORDER NO. : 440463-025

CUSTOMER NO: 4320702

CUSTOMER: Jan Wilhite, Legal Assistant

Akin, Gump, Strauss, Hauer &

1700 Pacific Avenue

Suite 4100

Dallas, TX 752014618

DOMESTIC FILINGS

NAME: TCC VENEZUELA, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 8, 2002

TCC VENEZUELA, L.C. 3250 MARY STREET SUITE 500 MIAMI, FL 33133

SUBJECT: TCC VENEZUELA, L.C. Ref. Number: L93000000064

We have received your document for TCC VENEZUELA, L.C. and the authorization to debit your account in the amount of \$300.00. However, the document has not been filed and is being returned for the following:

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 102A00014255

Please give original submission date as file date.

DEPAR (MENT OF STATE BIVISION OF CORPORATE HAS TALL ARISEN FLORIDA

02 MAR 15 AM 8: 34

BECEINED

SECRETARY OF SIALE DIVISION OF CORPORATIONS