

L98000001783

APPROVED  
AND

ATLANTIC CONNECTION

850 222 1222

12/30/99 13:48 NO. 971 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

99 DEC 30 AM 11:10

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L9800601783**

1. Limited Liability Company's Name

**Crown Plaza Resorts, L.C.**

**REINSTATEMENT** 99

2. Principal Office Address

**100 2nd Avenue South**

Suite, Apt. #, etc.

**Suite 302N**

City & State

**St. Petersburg, Florida**

Zip

**33701**

Country

3. Mailing Office Address

**100 2nd Avenue South**

Suite, Apt. #, etc.

**Suite 302N**

City & State

**St. Petersburg, Florida**

Zip

**33701**

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**09/08/1998**

6. FEI Number

**59-3531142**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**B. Name and Address of Current Registered Agent**

Name

**A. Edward McGinty**

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

**14004 Ellesmere Drive**

Suite, Apt. #, Etc.

City

**Tampa**

State  
**FL**

Zip Code  
**33624**

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]*

REGISTERED AGENT MUST SIGN

Date

**January 1, 2000**

**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
<b>MGRM/ P</b>	<b>Vance L. Vogel</b>	<b>100 2nd Avenue South, Suite 302N</b>	<b>St. Petersburg, FL 33701</b>
			<b>700003096827-8</b>
			<b>-01/12/00--01094--032</b>
			<b>****155.00 ****155.00</b>
			<i>[Signature]</i>

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 608.408, 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

**1/3/00**

Daytime Phone #

**727-456-3002**

Typed or printed name of signing Managing Member/Manager

**Vance L. Vogel**