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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

04 APR 26 PM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH
4/26

DOCUMENT # M02000001955

1. Limited Liability Company's Name HUNTER ROAD COMMUNITY DEVELOPMENT, LLC

2. Principal Office Address		3. Mailing Office Address	
9300 EMERALD COAST PKWY W.		9300 EMERALD COAST PKWY W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		c/o Mike Wells	
City & State		City & State	
DESTIN, FLORIDA		DESTIN, FLORIDA	
Zip	Country	Zip	Country
32550	USA	32550	USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20-0000564 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): c/o C T Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: 4/26/04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Intrawest Sandestin Company, L.L.C.	301 East Pine Street, Suite 400	Orlando, Florida 32801

REINSTATEMENT 2003-2004

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: 4/26/04 Daytime Phone #: 303-685-4800

Typed or printed name of signing Managing Member/Manager: David D. Kleinkopf, Asst. Secy. of Intrawest U.S. Holdings Inc., as Manager of sole member Intrawest Sandestin Company L.L.C.

CR2E041 (Rev)

FL-110 - 11/2003 CT System Online

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

HUNTER ROAD COMMUNITY DEVELOPMENT, LLC

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