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Division of Corporations

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P.01/02
Page 1

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DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT
LAUREL GROVE THREE DEVELOPMENT COMPANY, LLC

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04 OCT 29 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000003020					
1. Limited Liability Company's Name LAUREL GROVE THREE DEVELOPMENT COMPANY, LLC					
REINSTATEMENT 2004					
2. Principal Office Address 301 EAST PINE STREET		3. Mailing Office Address 301 EAST PINE STREET,		4. State/Country of Formation DELAWARE	
State, Apt. #, etc. SUITE 450		State, Apt. #, etc. SUITE 450		5. Date Organized or Qualified To Do Business in Florida OCTOBER 7, 2003	
City & State ORLANDO, FL		City & State ORLANDO, FL		6. FEI Number Applied For ☒ Not Applicable	
Zip 32801	Country USA	Zip 32801	Country USA	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 Rd.					
State, Apt. #, Etc. City Pinebluff					
				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 606, F.S.					
Signature of Registered Agent <i>Conrad B. Ryan</i>		Signature of Registered Agent <i>Conrad B. Ryan</i>		Date 10/29/04	
10. Names and Street Addresses of Managing Member/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	Intrawest Sandestin Company, L.L.C.	301 East Pine Street, Suite 450	Orlando, Florida 32801		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the requirements for dissolution have been eliminated, the limited liability company name satisfies the requirements of section 606.408, 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 <i>[Signature]</i>		Date OCTOBER 25 2004 Daytime Phone (407) 472 6500			
Typed or printed name of Managing Member/Manager CONRAD B. RYAN		Typed or printed name of Managing Member/Manager Intrawest Sandestin Company, L.L.C.			