PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
13 NOV 25 PM 4:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M44145

1. Corporation Name

Urbandale Palm Beach Hotels, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Four Seasons Hotel - Office	c/o Four Seasons Hotel - Office
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2800 South Ocean Boulevard	2800 South Ocean Boulevard
City & State	City & State
Palm Beach	Palm Beach
Zip / Country	Zip / Country
33480 / USA	33480 / USA

CR2E091 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
12/31/1986

5. FEI Number
650032400 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Drennen L. Whitmire, Jr., Esquire

Street Address (P.O. Box Number is Not Acceptable)
660 U.S. Highway One

Suite, Apt. #, Etc.
Third Floor

City / State / Zip Code
North Palm Beach / FL / 33408

700254198737
11/25/13--01046--010 **3150.00

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.

Signature of Registered Agent _____ Date 11/21/13
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	S. Lyon Sachs	c/o Four Seasons Hotel - Office	Palm Beach, FL 33480
		2800 South Ocean Boulevard	
		REINSTATEMENT 1997-2013	
			NOV 26 2013
			SELLERS

10. E-mail Address: dwhitmire@halleshaw.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ /s. Lyon Sachs, President 11/21/13 (561) 627-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #