

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

01 JUN 26 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 99000000263

1. Limited Liability Company's Name

EPIC RESORTS MANAGEMENT, LLC

REINSTATEMENT

2000-
2001

2. Principal Office Address

1150 First Avenue

3. Mailing Office Address

1150 First Avenue

Suite, Apt. #, etc.

Suite 900

Suite, Apt. # etc.

Suite 900

City & State

King of Prussia, PA

City & State

King of Prussia, PA

Zip

19406

Country

USA

Zip

19406

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

2-24-99

6. FEI Number

23-2979516

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)

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

REGISTERED AGENT MUST SIGN

Donna A. DiPietro

Date

6/25/01

Assistant Vice President

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
Dir. Pres.	Thomas F. Flatley	1150 First Avenue, Suite 900	King of Prussia, PA 19406
Dir. Treas.	Scott J. Egelkamp	1150 First Avenue, Suite 900	King of Prussia, PA 19406
Sec.		5000 - CF	
		150.00 - Adm	

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 608.406, 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 6/21/01

Daytime Phone # 610-992-0100

Typed or printed name of signing Managing Member/Manager

Thomas F. Flatley