M99000000340

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000340

1. Limited Liability Company's Name
Resort Management, LLC., d/b/a Boardwalk Mangement, LLC.

2. Principal Office Address	3. Mailing Office Address
1150 First Ave.	Same
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc.
City & State King of Prissia, PA	City & State
Zip 19406 Country	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 2/19/1999

6. FEI Number: 232971532 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Rd.

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03/10/03--01076--021 **309.00

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: Korri A Behler KORRI A. BEHLER Special Assistant Secretary Date: 2/27/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Pres	Anthony H. N. Schnelling	747 Third Ave., Suite 20-A	NY., NY.
VP	Dean Vomero	1150 First Ave., Suite 900	King of Prussia, PA

REINSTATEMENT 2000-2003

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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 if made under oath.

Signature of Managing Member/Manager: Dean Vomero Date: 3/6/03 Daytime Phone#: 610-992-0100

Typed or printed name of signing Managing Member/Manager: Dean Vomero, VP