

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 JUN 26 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

DOCUMENT # M 99000000880

1. Limited Liability Company's Name

EPIC RESORT INVESTMENT, LLC  
d/b/a RESORT INVESTMENT, LLC

REINSTATEMENT

2000  
2001

2. Principal Office Address		3. Mailing Office Address	
1150 First Avenue		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 6-15-99	
6. FEI Number 23-2971531	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

100004451231--6  
-06/23/01-01015-023  
\*\*\*\*200.00 \*\*\*\*200.00

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]*

Donna A. DiPietro  
Assistant Vice President

Date 6/25/01

REGISTERED AGENT MUST SIGN

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.		50.00 - CF	
		150.00 - Adm	

*[Handwritten initials]*

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 it made under oath.

Signature of  
Managing Member/Manager

*[Signature]*

Date 6/21/01

Daytime Phone # 610-992-0100

Typed or printed name of signing Managing Member/Manager

Thomas F. Flatley