PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -6 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003235

1. Corporation Name

Universal Resorts - Kissimmee Club Association, Inc.

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
1071A Universal Resorts Pl.		1071A Universal Resorts Pl.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Kissimmee, Florida		Kissimmee, Florida	
Zip	Country	Zip	Country
34744	United States	34744	United Stated

4. Date Incorporated or Qualified To Do Business in Florida 5/12/2000

5. FEI Number 593714285 — Applied For: ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name: Richard E. Larsen

Street Address (P.O. Box Number is Not Acceptable): 34 E. Pine Street

Suite, Apt. #, Etc.:

City: Orlando — State: FL — Zip Code: 32801

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 1/23/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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 T	David Moth	1071A Universal Resorts Place	Kissimmee, FL 34744
D	V S	Marion Moth	1071A Universal Resorts Place	Kissimmee, FL 34744
D	VP	JACK HARDIN	1071A Universal Resorts Place	Kissimmee, FL 34744

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01/31/03--01061--019 **900.00

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: MARION MOTH Vice President — 1/23/03 — 4079620403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

"D's" as per Marion Moth 3-6-03