PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 15 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003109

1. Corporation Name
Colony Plaza Resort, Vacation Ownership Association, Inc.

2. Principal Office Address	3. Mailing Office Address
410 N. Orange Blossom Trail	same as No. 2
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Orlando, Florida	City & State
Zip: 32805 Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 6/11/96

5. FEI Number: 593447407 — Applied For / Not Applicable

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

200004640052--7
-10/17/01--01067--031
****297.50 ****297.50

7. Name and Address of Current Registered Agent

Name: Kathryn Vaughan
Street Address (P.O. Box Number is Not Acceptable): 110 E. Granada Blvd.
Suite, Apt. #, Etc: Suite 104
City: Ormond Beach State: FL Zip Code: 32176

REINSTATEMENT 01

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: [signature] Date: 10/11/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
PD	M. Donald Granatstein	410 N. Orange Blossom Trail	Orlando, FL 32805
VD	Robert Motter	3741 N.E. 163rd Street	N.Miami Beach, FL 33160-4104
STD	Harvey Birdman	307 S. 21st Avenue	Hollywood, FL 33020

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: X [signature] 10/11/01 407 423 7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #