

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 AUG 16 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-09

DOCUMENT # P00000117062

1. Corporation Name

HRP Manager Corp.

C/o Fine Hotels Corp.
One Washington Street

2. Principal Office Address
C/o Fine Hotels Corp.

Suite, Apt. #, etc.
One Washington Street

City & State
Wellesley, MA

Zip Country
02481 USA

3. Mailing Office Address
One Washington Street

Suite, Apt. #, etc.

City & State
Wellesley, MA

Zip Country
02481 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/19/2001

5. FEI Number
06-1603521

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
G&L Agent Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Avenue

Suite, Apt. #, Etc.
Suite 600

City
Orlando,

State Zip Code
FL 32801

900040165329
08/13/04--01039--005 **900 00

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

[Handwritten Signature]
REGISTERED AGENT, MUST SIGN

Date 8/12/04

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	Fineberg, Gerald S.	One Washington Street	Wellesley, MA 02481
TD	Donovan, Joseph	One Washington Street	Wellesley, MA 02481
SD	Frank, Daniel	One Washington Street	Wellesley, MA 02481
ASD	Chesnick, Lydia G.	125 Summer Street	Boston, MA 02110
D	Daly, Susan	99 Summer Street	Boston, MA 02110

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-04

Date Daytime Phone #

CR2E081 (01/04)