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FLORIDA DEPARTMENT OF STATE
Maritime Affairs
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

FILED
00 OCT 24 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

8669 COMMODITY CIRCLE
#200
ORLANDO FL 32809

% FAIRFIELD COMMUNITIES, INC.
8669 COMMODITY CIRCLE, SUITE 200
ORLANDO FL 32819

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300
City & State

Suite 300
City & State

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HOWETH, ROBERT W.	8669 COMMODITY CIRCLE	ORLANDO FL 32819
VPSD	DUMENY, MARCEL J	8669 COMMODITY CIRCLE	ORLANDO FL 32819
VD	MCCONNELL, JOHN D. BERK, JAMES G.	8669 COMMODITY CIRCLE	ORLANDO FL 32819
AS	BENNETT, WILLIAM J.	11001 EXECUTIVE CENTER DRIVE	LITTLE ROCK AR 72211
AS	WALTON, ANNA L.	8669 COMMODITY CIRCLE	ORLANDO, FL 32819

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUMENY, MARCEL J
% FAIRFIELD COMMUNITIES, INC.
8669 COMMODITY CIRCLE, SUITE 200
ORLANDO FL 32819

Name _____

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 10/13/00

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

William J. Bennett

KE

Fairfield

2082

October 18, 2000

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

RE: FEIN 71-0450393

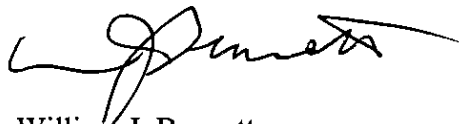
Dear Sir or Madam:

Enclosed is an Application for Reinstatement being filed on behalf of Fairfield Mortgage Corporation ("FMC"). FMC is a wholly owned subsidiary of Fairfield Communities, Inc. Also enclosed is our check in the amount of \$61.25.

Please be advised that we did not receive the Annual Report form for FMC for the year 2000. A representative of the Florida Department of State told one of our employees that if an officer of the Corporation wrote to you stating that we did not receive the Annual Report form, you would waive any associated penalties. As you can see from the enclosed application, I am an Assistant Secretary of Fairfield Mortgage Corporation, and I am aware that the Annual Report form was not received by the appropriate parties at FMC or Fairfield.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



William J. Bennett
Director of Taxes and
Assistant Secretary

Enclosures