

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 28 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01586

**1. Corporation Name**

C.R.C.C. of Orlando, Inc.

**2. Principal Office Address**

11200 Rockville Pike

Suite, Apt. #, etc.

5th Floor

**City & State**

Rockville, MD

**Zip**

20852

**Country**

USA

**3. Mailing Office Address**

11200 Rockville Pike

Suite, Apt. #, etc.

55th Floor

**City & State**

Rockville, MD

**Zip**

20852

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

52-1348385

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**

NRAI Services, Inc.

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

526 East Park Avenue

**Suite, Apt. #, Etc.**

**City**

Tallahassee

**State**  
FL

**Zip Code**  
32301

**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**

*Ruth Talavera*  
REGISTERED AGENT MUST SIGN

**Date** January 22, 2002

**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	William B. Dockser	11200 Rockville Pike	Rockville, MD 20852
D	H. William Willoughby	11200 Rockville Pike	Rockville, MD 20852
	SEE ATTACHED LIST FOR OFFICERS		

**REINSTATEMENT**

**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:**

*Susan R. Campbell*

Susan R. Campbell  
Executive Vice President

1/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

**C.R.C.C. OF ORLANDO, INC.**  
**LIST OF OFFICERS**  
**as of January, 2002**

William B. Dockser	Chairman of the Board/Treasurer
H. William Willoughby	President/Secretary
Susan R. Campbell	Executive Vice President/Chief Operating Officer
Melissa Lackey	Senior Vice President/General Counsel/Assistant Secretary
Michael J. Tuszka	Vice President/Chief Accounting Officer
Susan T. Backman	Vice President - Investment Communications
Randolph E. Lee, Jr.	Vice President - Taxation
Margaret K. Eck	Vice President/Associate General Counsel/Assistant Secretary
Philip J. Capizzi	Vice President - Asset Management and Acquisitions (Hotel)
Jack Stere	Vice President - Hotel Operations
Gail Tristano	Assistant Vice President - Human Resources/Risk Management (Hotel)
Katrina M. Burton	Assistant Vice President/Controller

C.R.I., Inc.  
The CRI Building  
11200 Rockville Pike  
Rockville, Maryland 20852

Telephone: (301) 468-9200  
Fax: (301) 231-0396

January 21, 2002



Via Federal Express

Ms. Diane Cushing  
Florida Dept. of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: C.R.C.C. of Orlando, Inc. and  
Orlando Hyatt Hotel Associates Limited Partnership

Dear Ms. Cushing:

Thank you for your letter dated January 2, 2002, informing us of the status of the above entities and instructing us on the procedure to reinstate both. To that end enclosed you will find the following:

1. A copy of your 1/2/02 letter, as instructed;
2. One original and one copy of the reinstatement form for C.R.C.C. of Orlando, Inc.;
3. One original and one copy of the reinstatement form for Orlando Hyatt Hotel Associates Limited Partnership;
4. A check for \$1,208.75 as the reinstatement fee for C.R.C.C. of Orlando, Inc.

It is my understanding that you have retained the check for the reinstatement fee for Orlando Hyatt Hotel Associates Limited Partnership along with the reinstatement form and the supplemental affidavit of capital contribution. I am sending you a new reinstatement form for Orlando Hyatt Hotel because I had not had the Registered Agent sign the one you currently have. Will you please file this reinstatement form in place of the one you are holding.

Thank you very much for your assistance in processing these reinstatements. Please feel free to contact me with any questions or with additional instructions. My direct line is 301-231-0337.

Sincerely,

A handwritten signature in black ink that reads "Herald M. Speiser". The signature is written in a cursive, flowing style.

Herald M. Speiser  
Legal Assistant

/hms  
Enclosures

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