## 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, ELORIDA

•	TO WE I	B. VIOICIV CI	00111 01
DOCUMENT #	P01586		

1. Corporation Name

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

		· ·		
2. Principal Office Add	iress	3. Mailing Office A	ddress	
11200 Rockvill	e Pike	11200 Rockvil	le Pike	
Suite, Apt. #, etc. 5th Floor,		Suite, Apt. #, etc. 5 <b>5th Floor</b>		
City & State		City & State		
Rockville, MD		Rockville, MD	)	
7:-	C	7:-	T	

 Date Incorporated or Qualified To Do Business in Florida

5. FE! Number

Applied For Not Applicable

IISA

Country LISA

	2000	2 03/1		CENTIFICATE OF STATOS	* for a	Certificate of Status
		7. Name and Address of	of Current Register	ed Agent		
Name	NRAI Services, Inc.				o domac	
Street A	ddress (P.O. Box Number is Not Accepta 526 East Park Avenue	bie)		-1)	<del>040536</del> 2/01/0201 **1208.75	061 <b>b</b> 01
Suite, Ap	pt. #, Etc.				<del>**1660*13</del>	**************************************
City	Tallahassee			State	Zip Code	

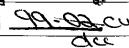
8.	I, being appointed the registered agent of the above named corporat	ion, a	ım familiar with and accept the obligations of sect	ion 607.0505 or 617.	.0503, F	s.
----	---	--------	---	----------------------	----------	----

Registered Agent

20852

Date Lanuary 22, 2002

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		٦



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan R. Campbell Executive Vice President

Daytime Phone #

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

William B. Dockser H. William Willoughby Susan R. Campbell Melissa Lackey

Michael J. Tuszka Susan T. Backman Randolph E. Lee, Jr. Margaret K. Eck

Philip J. Capizzi

Jack Stere Gail Tristano

Katrina M. Burton

Chairman of the Board/Treasurer

President/Secretary

Executive Vice President/Chief Operating Officer Senior Vice President/General Counsel/Assistant

Secretary

Vice President/Chief Accounting Officer

Vice President - Investment Communications

Vice President - Taxation

Vice President/Associate General Counsel/Assistant

Secretary

Vice President - Asset Management and Acquisitions

(Hotel)

Vice President - Hotel Operations

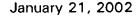
Assistant Vice President - Human Resources/Risk

Management (Hotel)

Assistant Vice President/Controller

Telephone: (301) 468-9200

Fax: (301) 231-0396





## 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:

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

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.

Herald M. Speiser Legal Assistant

/hms Enclosures

i:/wpdocs/hms/hyattorlando,deptofstate.ltr2