PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

07 FEB 27 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200091012112
03/06/07--01024--007 **300.00

DOCUMENT # P03039

1. Corporation Name

KENNEDY-WILSON FLORIDA MANAGEMENT, INC.

REINSTATEMENT 06-07

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
150 S. WACKER DRIVE		150 S. WACKER DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 1250		SUITE 1250	
City & State		City & State	
CHICAGO, IL		CHICAGO, IL	
Zip	Country	Zip	Country
60606	USA	60606	USA

4. Date Incorporated or Qualified To Do Business in Florida 8-14-1984

5. FEI Number 36-3322592 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

200091012112
03/06/07--01024--008 **60[illegible].00

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Jeffrey D. Butterfield Assistant Secretary — Date: 2/27/07

REGISTERED AGENT MUST SIGN

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 MCMORROW	9601 WILSHIRE BLVD., # 220	BEVERLY HILLS, CA 90210
P	JAMES ROSTEN	9601 WILSHIRE BLVD., # 220	BEVERLY HILLS, CA 90210
TD	FREEMAN LYLE	9601 WILSHIRE BLVD., # 220	BEVERLY HILLS, CA 90210
		200091012112 03/06/07--01024--009 **8.75	

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 contained in Chapter 119, 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: JIM ROSTEN PRESIDENT — January 19, 2007 — 310-887-6495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #