

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P31003

1. Corporation Name Dolphin Village Holdings, Inc.

2. Principal Office Address c/o General  
Electric Real Estate Inv.  
Company, 1299 Pennsylvania

Suite, Apt. #, etc. Ave., NW.

Suite 1150 East

City & State  
Washington, DC

Zip  
20004

Country  
USA

3. Mailing Office Address c/o Morrison  
& Foerster LLP

2000 Pennsylvania Ave., NW

Suite, Apt. #, etc.

Suite 5500

City & State  
Washington, DC

Zip

Country

**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified  
To Do Business in Florida September 20, 1990

5. FEI Number  
52-1699395

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

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

*[Signature]*

**Stacy M. Rosenthal**  
**Vice President and**  
**Assistant Secretary**

REGISTERED AGENT MUST SIGN

Date 2/4/2002

**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
Pres.	Robert E. Pfeiffer	260 Long Ridge Road	Stamford, CT 06927
VP	Bruce D. Wheelless	16479 Dallas Parkway Suite 400	Addison, TX 75001-2512
Sec.	Cynthia F. Bell	16479 Dallas Parkway Suite 400	Addison, TX 75001-2512

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]*

**Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/02 972-447-2629

Date

Daytime Phone #