

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044602

1. Corporation Name

CNL HOTEL DEVELOPMENT COMPANY

2. Principal Office Address - No P.O. Box #

1 POST OFFICE SQUARE

3. Mailing Office Address

1 POST OFFICE SQUARE

Suite, Apt. #, etc.

3100

Suite, Apt. #, etc.

3100

City & State

BOSTON, MA

City & State

BOSTON, MA

Zip

02109

Country

USA

Zip

02109

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3448746

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

DANIEL COOLEY

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

121 SOUTH ORANGE AVE

Suite, Apt. #, Etc.

1500

City

ORLANDO

State

FL

Zip Code

32801

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

9-14-09

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
VP	CHRISTOPHER DEVINE	1 POST OFFICE SQUARE STE 3100	BOSTON, MA 02109
VP	WARREN FIELDS	1 POST OFFICE SQUARE STE 3100	BOSTON, MA 02109
VP	JIM DINA	1 POST OFFICE SQUARE STE 3100	BOSTON, MA 02109
DIR	JOHN BUZA	1 POST OFFICE SQUARE STE 3100	BOSTON, MA 02109
DIR	MICHAEL J FRANCO	1 POST OFFICE SQUARE STE 3100	BOSTON, MA 02109

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:

CHRISTOPHER DEVINE 9/23/09

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

09 OCT -9 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300161542103
10/09/09--01029--009 **300.00

REINSTATEMENT
CR2E081,(12/08)

08-09

10/12/09