

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 23908

1. Corporation Name

Sita Resorts, Inc.

2. Principal Office Address

8134 International Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

c/o Kaye Scholer, LLP  
425 Park Avenue

Suite, Apt. #, etc. Attention:  
Arthur Steinberg, Esq.

City & State

New York, New York

Zip

10022

Country

USA

**REINSTATEMENT** 04

4. Date Incorporated or Qualified  
To Do Business in Florida

3/5/98

5. FEI Number

593500785

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

Robert D. Gatton

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

c/o Broad & Cassel, 390 N. Orange Ave.

Suite, Apt. #, Etc.

Suite 1100

City

Orlando

State

FL

Zip Code

32801

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

12/7/2004

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
P/S	W. Thomas Fleming	c/o The Tassis Schools, 1640 Wisconsin Ave., NW	Washington, D.C. 20007

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:

W Thomas Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 6, 2004

Daytime Phone #

202 965 5814

CP2E081 (01/04)