

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H38304

1. Corporation Name
Cabana Club Holdings, Inc.

Principal Place of Business Mailing Address
c/o Citibank c/o Citibank Legal Dept.
500 W. Madison St. 500 W. Madison St.
Chicago, IL 60661 Chicago, IL 60661

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1/17/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3260683	
City & State		City & State		Applied For Not Applicable	
Zip Country		Zip Country		6. CERTIFICATE OR STATUS DESIRED <input checked="" type="checkbox"/> <input type="checkbox"/> 7. Additional Fees (See Instructions for a Certificate of Status)	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	(See attached list of Officers and Directors)		300002053853--1 -01/10/97--01047--020 *****575.00 *****575.00
			300002053853--1 -01/10/97--01047--021 *****8.75 *****8.75
			REINSTATEMENT 95-96 AK

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505, F.S.

Signature of Registered Agent Connie Bryan, Special Asst Secretary Date 12-31-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Ann R. Bratton Assistant Secretary (312) 627-3718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Ann R. Bratton

CR20040 (12/95)

**STATE OF FLORIDA
APPLICATION FOR REINSTATEMENT**

**CABANA CLUB HOLDINGS, INC.
Document # H38304**

Officers and Directors

Title	D
Name	Csar, Christopher F.
Address	500 W. Madison St., 5th Floor
City, ST, Zip	Chicago, IL 60661

Title	D/P
Name	Tuck, Louise E.
Address	500 W. Madison St., 5th Floor
City, ST, Zip	Chicago, IL 60661

Title	D/T
Name	McCort, Nancy A.
Address	500 W. Madison St., 20th Floor
City, ST, Zip	Chicago, IL 60661

Title	S
Name	Lock, Dale
Address	1 Sansome St. 27th Floor
City, ST, Zip	San Francisco, CA 94104

Title	AS
Name	Bratton, Ann R.
Address	500 W. Madison St., 8th Floor
City, ST, Zip	Chicago, IL 60661