

2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000100138

Entity Name: CENTEX REALTY, INC.**Current Principal Place of Business:**3350 PEACHTREE ROAD NE
SUITE 150
ATLANTA , GA 30326**Current Mailing Address:**3350 PEACHTREE ROAD NE
SUITE 150
ATLANTA , GA 30326 US**FEI Number:** 75-2736100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MICHELE L. ABBOTT

10/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR, VICE PRESIDENT AND
GENERAL COUNSEL**Name** CLEMENTS, SCOTT M**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326**Title** ASST. TREASURER, DIRECTOR OF
TREASURY OPERATIONS AND
ASSISTANT SECRETARY**Name** LANGEN, DANIEL BRYCE**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326**Title** PRESIDENT**Name** MARSHALL, RYAN**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326**Title** ASST. SECRETARY**Name** CONLON, KELLYMARIE**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326**Title** DIRECTOR, VICE PRESIDENT AND
ASST SECRETARY**Name** COOK, STEVEN**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326**Title** ASST. SECRETARY**Name** HERNANDEZ, MELISSA**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326**Title** VP, TREASURER, ASST. SECRETARY**Name** ROBINSON, BRUCE**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLYMARIE CONLON

ASST. SECRETARY

10/27/2016

Electronic Signature of Signing Officer/Director Detail

Date