

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

00 AUG 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93 000003649

1. Corporation Name

TCR SOUTH FLORIDA APARTMENTS - TIFFANY LAKE, INC.

2. Principal Office Address

717 N. Harwood, #1200  
Dallas, TX 75201

Suite, Apt. #, etc.

#1200

City & State

Dallas, TX

Zip

75201

Country

Dallas

3. Mailing Office Address

717 N. Harwood, #1200  
Dallas, TX 75201

Suite, Apt. #, etc.

#1200

City & State

Dallas, TX

Zip

75201

Country

Dallas

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

8-9-93

SP

5. FEI Number

75-2494467

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

8/10/2000

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

(See attached list)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip

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:

*Peggy E. Brown*

8/9/00

(214) 922-8431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

DIRECTORS AND OFFICERS OF  
TCR SOUTH FLORIDA APARTMENTS - TIFFANY LAKE, INC.

DIRECTORS:

Harlan R. Crow	2100 McKinney Avenue Suite 700 Dallas, TX 75201
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J. Ronald Terwilliger	2859 Paces Ferry Road, Suite 1100 Atlanta, GA 30339
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OFFICERS:

J. Ronald Terwilliger President	2859 Paces Ferry Road, Suite 1100 Atlanta, GA 30339
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Michael Collins Vice President, Treasurer &	1810 Gateway Dr. Suite 100 San Mateo, CA 94404
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Harlan R. Crow Vice President	2100 McKinney Avenue Suite 700 Dallas, TX 75201
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Thomas J. Patterson Vice President, Secretary & Assistant Treasurer	717 N. Harwood Suite 1200 Dallas, TX 75201
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Shari Steinhardt Vice President	6400 Congress Avenue Suite 1000 Boca Raton, FL 33487
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Peggy E. Brown Assistant Secretary	717 N. Harwood Suite 1200 Dallas, TX 75201
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Laura Hopkins Assistant Secretary	717 N. Harwood Suite 1200 Dallas, TX 75201
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Lee Ann Shamblin  
Assistant Secretary

717 N. Harwood  
Suite 1200  
Dallas, TX 75201

Faye Thetford  
Assistant Secretary

717 N. Harwood  
Suite 1200  
Dallas, TX 75201

18494



ACCOUNT NO. : 072100000032

REFERENCE : 794057 4348748

AUTHORIZATION : Patricia Piggitt

COST LIMIT : \$ 908.75

ORDER DATE : August 10, 2000

ORDER TIME : 11:09 AM

ORDER NO. : 794057-005

CUSTOMER NO: 4348748

CUSTOMER: Ms. Peggy Brown  
TRAMMELL CROW RESIDENTIAL  
TRAMMELL CROW RESIDENTIAL  
Suite 1200 Lock Box 128  
717 North Harwood  
Dallas, TX 75201

DOMESTIC FILING

NAME: TCR SOUTH FLORIDA APARTMENTS -  
TIFFANY LAKE, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS  
EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 AUG 10 PM 12:14  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE