

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUL 27 AM 10:17

TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005481

1. Corporation Name

TCR CP Development, Inc.

2. Principal Office Address

2001 Bryan Street

Suite, Apt. #, etc.

Suite 3700

City & State

Dallas, Texas

Zip

75201

Country

USA

3. Mailing Office Address

2001 Bryan Street

Suite, Apt. #, etc.

Suite 3700

City & State

Dallas, Texas

Zip

75201

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12-2-1993

5. FEI Number

752511116

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

Carla Lohi

Carla Lohi
Asst. Vice President

Date **7-26-05**

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
	See attached schedule		

REINSTATEMENT

99-05

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)(l), 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:

Marcia L. Moody

Marcia L. Moody
Assistant Secretary

7-25-05

214-922-8431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Williams JUL 27 2005

DIRECTORS AND OFFICERS

TCR CP DEVELOPMENT, INC.

<u>DIRECTORS</u>	<u>ADDRESS</u>
HARLAN R. CROW	2100 MCKINNEY AVE SUITE 700 DALLAS, TX 75201
J. RONALD TERWILLIGER	2859 PACES FERRY RD SUITE 1100 ATLANTA, GA 30339
WILLIAM C. MACDONALD	6110 EXECUTIVE BLVD. SUITE 315 ROCKVILLE, MD 20852
<u>OFFICERS</u>	
PERRY MCCALLUM PARROTT PRESIDENT	1001 YAMATO ROAD SUITE 407 BOCA RATON, FL 33431
CLIFFORD A. BREINING VICE PRESIDENT	6552 VIA DOS VALLES P.O. BOX 9540 RANCHO SANTA FE, CA 92067
HARLAN R. CROW VICE PRESIDENT	2100 MCKINNEY AVE SUITE 700 DALLAS, TX 75201
RACHEL PURCELL VICE PRESIDENT/TREASURER	2001 BRYAN STREET SUITE 3700 DALLAS, TX 75201
THOMAS J. PATTERSON VICE PRESIDENT/SECRETARY/ ASSISTANT TREASURER	2001 BRYAN STREET SUITE 3700 DALLAS, TX 75201
FAYE THETFORD ASSISTANT SECRETARY	2001 BRYAN STREET SUITE 3700 DALLAS, TX 75201

LAURA HOPKINS
ASSISTANT SECRETARY

2001 BRYAN STREET
SUITE 3700
DALLAS, TX 75201

LEE ANN SHAMBLIN
ASSISTANT SECRETARY

2001 BRYAN STREET
SUITE 3700
DALLAS, TX 75201

MARCIA L. MOODY
ASSISTANT SECRETARY

2001 BRYAN STREET
SUITE 3700
DALLAS, TX 75201

SHARI STEINHARDT
ASSISTANT SECRETARY

6400 CONGRESS AVE
SUITE 2100
BOCA RATON, FL 33487

KELLY PEACON
ASSISTANT SECRETARY

1001 YAMATO ROAD
SUITE 407
BOCA RATON, FL 33487



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 504781 4348748

AUTHORIZATION :

COST LIMIT : \$ 1650.00

ORDER DATE : July 26, 2005

ORDER TIME : 12:23 PM

ORDER NO. : 504781-005

CUSTOMER NO: 4348748

CUSTOMER: Penny Lincoln
Trammell Crow Residential
Suite 3700
2001 Bryan Street
Dallas, TX 75201

REINSTATEMENT

NAME: TCR CP DEVELOPMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

RECEIVED
05 JUL 27 AM 8:52
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA