

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 13 PM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F9800005905*

1. Corporation Name

Asset Campus Housing, Inc.

2. Principal Office Address

1800 Bering Drive

3. Mailing Office Address

1800 Bering Drive

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Houston, Texas

City & State

Houston, Texas

Zip

77057

Country

USA

Zip

77057

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/22/1998

5. FEI Number

742882642

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

Capitol Corporate Services, Inc.

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

1333 North Duval St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

Carol Wundt asst sec

REGISTERED AGENT MUST SIGN

Date *11-12-02*

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
PS	Michael S. McGrath	1800 Bering Drive, Suite 300	Houston, Texas 77057

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:

Michael S. McGrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02 713-2685152

Daytime Phone #

CR2E081 (9/01)

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 11-13-02

NAME: ASSET CAMPUS HOUSING, INC.

TYPE OF FILING: REINSTATEMENT

COST: CHECK FOR \$900.00 ATTACHED

RETURN:

ACCOUNT: ~~PGA000000015~~

AUTHORIZATION: ABBIE/PAUL HODGE

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 NOV 13 AM 10:29

RECEIVED