

2005 FOR PROFIT CORPORATION REINSTATEMENT

112

FILED

2005 JUL -8 PM 2: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062005 REIN-P CR2E098 (6/04)

4. FEI Number
75-2848146
Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F99000006184
1. Entity Name
TCR SOUTH FLORIDA DIVISION I, INC.



Principal Place of Business
201 N. NEW YORK AVE
STE 200
WINTER PARK, FL 32789
Mailing Address
6400 CONGRESS AVE.
STE 2100
WINTER PARK, FL 32789

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Cynthia L. Harris **Cynthia L. Harris**
as its agent
(NOTE: Registered Agent signature required when reinstating)
DATE 7/8/04

FILE NOW!!! FEE IS \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Director / Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, BILL		NAME	MacDonald, William C.	
STREET ADDRESS	6110 EXECUTIVE BLVD. STE. 315		STREET ADDRESS	6110 Executive Blvd., Ste. 315	
CITY-ST-ZIP	ROCKVILLE, MD 20852		CITY-ST-ZIP	Rockville, MD 20852	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Vice Pres/Secy/Asst Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROW, HARLAN R		NAME	Patterson, Thomas J.	
STREET ADDRESS	2100 MCKINNEY AVE #700		STREET ADDRESS	2001 Bryan Street, Suite 3700	
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP	Dalla, TX 75201	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Vice Pres / Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERWILLIGER, J. RONALD		NAME	Purcell, Rachel	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1100		STREET ADDRESS	2001 Bryan Street, Suite 3700	
CITY-ST-ZIP	ATLANTA, GA 30339		CITY-ST-ZIP	Dallas, TX 75201	
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	Asst Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, THOMAS J		NAME	Moody, Marcia L.	
STREET ADDRESS	2001 BRYAN STREET 3700		STREET ADDRESS	2001 Bryan Street, Suite 3700	
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP	Dallas, TX 75201	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINHARDT, SHARI		NAME		
STREET ADDRESS	6400 CONGRESS AVE. STE. 2100		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANOWICK, JOAN		NAME		
STREET ADDRESS	201 N NEW YORK AVE #200		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		

000057210550

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: Marcia L. Moody **Marcia L. Moody, Asst Secy**
Date 7-6-05 214/922-8431
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #



CORPORATION SERVICE COMPANY

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 472397 4348748

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 900.00

ORDER DATE : July 8, 2005

ORDER TIME : 12:10 PM

ORDER NO. : 472397-030

CUSTOMER NO: 4348748

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

05 JUL -8 PM 12:50
RECEIVED
CSC
OKIDA

REINSTATEMENT

NAME: TCR SOUTH FLORIDA DIVISION I,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____