

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 12:25

DOCUMENT # L23032 1. Entity Name CHOWNE PROPERTIES INC.					
Principal Place of Business 1240 BROKEN ARROW HOUSTON, TX 77024			Mailing Address 1240 BROKEN ARROW HOUSTON, TX 77024		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FLOWERS, ROBERT J 400 FLAMINGO AVE STUART, FL 34996				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, JOANNE B. 248 ESSEX MEADOWS, 30 BOKUM RD ESSEX, CT 06426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 200126959362 04/30/08--01003--010 **300.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STEVENSON, WILLIAM C II 12411 BROKEN ARROW HOUSTON, TX 77024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 07-08 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TOWNSEND, SANDRA S 149 LINCOLN AVE BARRINGTON, RI 02806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 07-08 </div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			4/7/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			832 251-9059		
			<small>Daytime Phone #</small>		