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Florida Department of State

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
THE BLOCK CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$297.50

1 of 2 pages

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 JUL 17 AM 7:59

DOCUMENT # N13000005275

1. Corporation Name

THE BLOCK CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

12700 HILL COUNTRY BLVD

3. Mailing Office Address

12700 HILL COUNTRY BLVD

Suite, Apt. #, etc.

SUITE T-200

Suite, Apt. #, etc.

SUITE T-200

City & State

AUSTIN, TX

City & State

AUSTIN, TX

Zip

78738

Country

USA

Zip

78738

Country

USA

CR25081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2013

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 A fee must be paid for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.6503, F.S.

Signature of
Registered Agent

Michael E. Jones, Asst. Secretary

Date 7/17/2017

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
PD	BAYLESS, WILLIAM C., JR.	12700 HILL COUNTRY BLVD. SUITE T-200	AUSTIN, TX 78738
VSTD	PERRY, DANIEL B.	12700 HILL COUNTRY BLVD. SUITE T-200	AUSTIN, TX 78738
VD	HOPKE, JAMES C., JR.	12700 HILL COUNTRY BLVD. SUITE T-200	AUSTIN, TX 78738
VD	TALBOT, WILLIAM W.	12700 HILL COUNTRY BLVD. SUITE T-200	AUSTIN, TX 78738
VD	BEESE, JENNIFER	12700 HILL COUNTRY BLVD. SUITE T-200	AUSTIN, TX 78738
VSD	VOSS, KIM K.	12700 HILL COUNTRY BLVD. SUITE T-200	AUSTIN, TX 78738

10. E-mail Address: jgreen@americancampus.com

(To be used for future annual report notification)

11. 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 re-instatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE:

Steve Beinke, Director and Vice President 7/17/17

5127321000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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