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Florida Department of State

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 DECK CONDOMINIUM ASSOCIATION, INC.

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

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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/16)

DOCUMENT # N13000005276

1. Corporation Name
THE DECK CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12700 HILL COUNTRY BLVD	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

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 ☐ $8.75 Additional Fee required 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 617.0503, 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 reinstatement 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.817.155, F.S.

SIGNATURE: _____ Steve Beinke, Director and Vice President 7/17/17 512 732 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #