

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # **P33660**

1. Corporation Name

Rosewood Apartment Equities, Inc.

Principal Place of Business

Mailing Address

10670 N. Central Expwy #600
Dallas TX 75231

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/91

5. FEI Number

75-2375421

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres/Dir	Rendell M. Poulsen	10670 N. Central #600	Dallas TX 75231
Sec/Dir	Robert A. Wzelduzen	10670 N. Central #600	Dallas TX 75231
Ex VP	Thomas A. Holland	10670 N. Central #600	Dallas TX 75231
Treas	Drew D. Poterz	10670 N. Central #600	Dallas TX 75231

REINSTATEMENT

8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

C. Morales

C. Morales
Special Asst. Secretary

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/99

Date

244 692 4879

Daytime Phone #