

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000046662**

1. Corporation Name

CROWNGAP KISSIMMEE, INC.

Principal Place of Business

Mailing Address

1916 BOOTHE CIRCLE
LONGWOOD FL 32750
US

55 WAUGH DR.
1111
HOUSTON TX 77007
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office 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

07/01/1993

5. FEI Number

65-0462476

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PCDC | HOLMES, NED S | 55 WAUGH DR., SUITE 1111 | HOUSTON TX 77007 |
| VSD | KINSELLA, JOHN C | 55 WAUGH DR., SUITE 1111 | HOUSTON TX 77007 |
| VTDC | MACINNIS, PAUL B | 55 WAUGH DR., SUITE 1111 | HOUSTON TX 77007 |
| C | CLARK, TERESA G | 55 WAUGH DR., SUITE 1111 | HOUSTON TX 77007 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | |
|--|--|--|--------------------|
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

PAUL B. MACINNIS

10-21-03 713-621-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Crowngap Kissimmee, Inc.
c/o Parkway Investments/Texas
55 Waugh Drive, Suite 1111
Houston, Texas 77007
Tel 713-621-1880 Fax 713-864-8886

October 21, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: Crowngap Kissimmee, Inc.
Application For Reinstatement
Document # P93000046662

Dear Secretary of State:

I have no record of receiving prior UBR notices for the above named corporation.

Enclosed is check for \$150.00 to reinstate the above named corporation to active status.

Respectfully,



Paul B. MacInnis
Vice President