

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.

REINSTATEMENT 03



300024084303  
10/24/03--01033--003 \*\*150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0462476

Applied For  
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above 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 #

CFR2E040 (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