

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087637

1. Corporation Name

CENTRES CLOVIS GP, INC.

Principal Place of Business

~~100 CONGRESS AVE~~
~~SUITE 740~~
~~AUSTIN TX 78701~~

Mailing Address

PO BOX 684807
AUSTIN TX 78768



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

39-1975598

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
DP	CURREY, DAVID M	100 CONGRESS AVE #740 904 Bluebonnet	AUSTIN TX 78701 78704
S	CURREY, MARC	100 CONGRESS AVE #740 904 Bluebonnet	AUSTIN TX 78701 78704
			9000004960529--9 02/20/02-01045-014 ****326.25 ****158.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

CENTRES SOUTHWEST I, L.L.C.

A Member of the Centres Group



Real Estate Development

P. O. Box 687804

Austin, Texas 78768

Telephone: 512/472-5856

Facsimile: 512/472-5804

www.centressw-austin.com

February 15, 2002

Ms. Gretchen Harvey
Florida Dept. Of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Centers Shaw GP, Inc.
Centres Clovis GP, Inc.
Centres Villa GP, Inc.

Dear Ms Harvey

I tender herewith an Application of reinstatement of corporate authority of the above corporations together with the fee in the amount of \$ 150.00 each (collectively \$450.00).

I respectfully request that any penalties be waived as I failed to receive notification of failure to file the required report.

It is my intention to consolidate the three limited partnerships and the corporate general partners prior to May 1, 2002 with a Texas registration.

Additionally please forward certificates of status for each of the entities. I am enclosing the required fee of \$8.75 each. (\$ 26.25). Please send the certificates of status at your earliest convenience to me in the enclosed UPS overnight return envelope.

Yours truly,


David M. Currey