

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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 # P99000087640

1. Corporation Name

CENTRES SHAW GP, INC.

Principal Place of Business

Mailing Address

100 CONGRESS AVE  
STE 740  
AUSTIN TX 78701

P O 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

904 Bluebonnet  
Austin TX  
78704 USA

5. FEI Number

39-1975603

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
			700004960527--5 -02/20/02--01045--014 ***\$926.25 ***\$158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*David M. Curry*

2/15/02 512-472-5856

CR2040 (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: Centres Shaw GP, Inc.  
Centres Clovis GP, Inc.  
Centres Villa GP, Inc.

Dear Ms Harvey

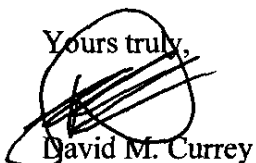
I tender herewith an Application of reinstatement of corporate authority of the above corporations together with the fee in the amount of \$ 150.00 each (collectively \$450.00).

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