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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN 23 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000087642

1. Corporation Name

CENTRES VILLA GP, INC.

2. Principal Office Address	3. Mailing Office Address
904 BLUEBONNET	P.O. BOX 684807
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AUSTIN, TX	City & State: AUSTIN, TX
Zip: 78704 Country: USA	Zip: 78768 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/1999

5. FEI Number: 391975611 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MICHAEL A. MALDONADO

Street Address (P.O. Box Number is Not Acceptable): 5901 NW 151 STREET

Suite, Apt. #, etc.: 217

City: MIAMI LAKES, State: FL Zip Code: 33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: M A Maldonado Date: 1-21-03

REGISTERED AGENT MUST SIGN

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

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DAVID M. CURREY	904 BLUEBONNET	AUSTIN, TX 78704
S	MARC CURREY	904 BLUEBONNET	AUSTIN, TX 78704
		REINSTATEMENT	02-03 TR

10. I certify that I am an officer or director of 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: DAVID M. CURREY 1/22/03 512-472-5856

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205 0384

From:
Account Name : WEB ACCESS TV COMMUNICATIONS INC.
Account Number : 120000000160
Phone : (305)826-9005
Fax Number : (305)826-9597

CORPORATION REINSTATEMENT

CENTRES VILLA GP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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