

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN 11 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 526250

1. Corporation Name

PRG Florida XIII, Inc.

2. Principal Office Address

PRG - c/o Jackson Walker  
901 Main St., ATT: Pam

3. Mailing Office Address

PRG - c/o Jackson Walker  
901 Main St., ATT: Pam

Suite, Apt. #, etc.

Suite 6000

Suite, Apt. #, etc.

Suite 6000

City & State

Dallas, Texas

City & State

Dallas, Texas

Zip

75202

Country

USA

Zip

75202

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/97

5. FEI Number

59-1750727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Ave.

Suite, Apt. #, Etc.

City

Tallahassee

600004474626--5  
-07/13/01--01069--006  
\*\*\*\*900.00 \*\*\*\*800.00  
600004474626--5  
-07/13/01--01069--012  
State \*\*\*\*900.75 \*\*\*\*800.75  
FL 32726

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

Signature page attached  
REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. Dir/Treas.	Michael Yeary	5005 Riverway Dr., Suite 400	Houston, Texas 77056
Secy.	Karen Nicolaou	5005 Riverway Dr., Suite 400	Houston, Texas 77056

REINSTATEMENT

10. 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:

*Michael Yeary*

Michael Yeary

6/6/01

214-953-5647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

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 Cheryl Roberts Date 6-8-2001