

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 20 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098892

1. Corporation Name

THE JAMES BROKERAGE, INC.

Principal Place of Business

916 DELANEY ST
SECOND FLOOR
ORLANDO FL 32806
US

Mailing Address

916 DELANEY ST
SECOND FLOOR
ORLANDO FL 32806
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1996

5. FEI Number

59-3440502

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 |
|------------|-------------------------------------|--|----------------------|
| PTD | SINGER, DEBORAH E | 1600 E ROBINSON ST, STE 250 | ORLANDO FL 32803 |
| | | | |
| | | | |
| | | | |
| | | | |

100003029131--3
-10/29/99--01054--002
****550.00 ****550.00

ITS

8. Name and Address of Current Registered Agent

SINGER, DEBORAH E
1600 EAST ROBINSON STREET
SUITE 250
ORLANDO FL 32803

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

D. S. Singer

REGISTERED AGENT MUST SIGN

Date

9/10/99

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:

D. S. Singer DEBORAH E. SINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99

Date

2/07-6501755

Daytime Phone #

CR202040 (8-99)

| | | |
|-------------------------|------------------|----------------|
| Memo Number 98004121 | Date 10/15/99 | Page 1 of 1 |
|-------------------------|------------------|----------------|

THE JAMES BROKERAGE
916 South Delaney Street
Second Floor
Orlando, FL USA 32806
407-650-1755

MEMO

To: FLORIDA DEPARTMENT OF STATE
DIV. OF CORPORATIONS

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ATTN: REINSTATEMENT DEPT.

RE: CORPORATION RENEWAL

PLEASE SEE ATTACHED REINSTATEMENT FORM AND REPLACEMENT CHECK FOR THE ONE
MAILED ON SEPTEMBER 11, 1999. I SPOKE WITH CHRISTIN AND SHE JUST SAID
TO SEND THIS LETTER WITH THE REINSTATEMENT FORM FILLED OUT BECAUSE I
DIDN'T MAKE A COPY OF THE LAST FORM.

THANK YOU

From: Georgia Lynn Schafers