


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F9400003320</u>		FILED 98 FEB 11 AM 11:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <u>St. Johns Plaza, Inc.</u> <u>DBA Gape, Inc.</u>			
Principal Place of Business <u>701 EAST BAY STREET</u> <u>Charleston, SC 29403</u>		Mailing Address <u>SAME</u>	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>JUNE 23, 1994</u>		5. FEI Number <u>57-0999061</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	Stephen J. Ziff	701 EAST BAY STREET	Charleston, SC 29403
V	TIMOTHY J. WALTER	701 EAST BAY STREET	Charleston, SC 29403
V	LOREN R. ZIFF	701 EAST BAY STREET	Charleston, SC 29403
REINSTATEMENT <u>47-98</u> <u>SC 2-11-98</u>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C.T. Corporation System 1200 South Pine Island Road Plantation, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		<u>000002429100--7</u> <u>-02/12/98-01082--003</u> <u>****150.00 ****150.00</u>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.005, F.S.			
Signature of Registered Agent <u>Mary R. Adams</u> REGISTERED AGENT MUST SIGN		Mary R. Adams, Asst. Secy. Date <u>01/21/98</u>	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>Timothy J. Walter</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/14/98</u> Daytime Phone # <u>803/724-3405</u>	