

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F97000005775

1. Corporation Name

CAMPUS C-STORES, INC.

FILED

00 OCT 31 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

7596 EADS AVE  
SUITE 201  
LA JOLLA CA 92037  
US

7596 EADS AVENUE  
SUITE 201  
LA JOLLA CA 92037  
US

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

4455 LA MONT STREET #3

4455 LA MONT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAN DIEGO, CA

SUITE 3

City & State

City & State

SAN DIEGO CA

Zip

92109

Country

USA

Zip

92109

Country

USA

REINSTATEMENT

50

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1997

5. FEI Number

33-0737646

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WYKES, NEIL A	7596 EADS AVE, STE 201	LA JOLLA CA 92037
<del>DV</del>	<del>KIMBLE, RANDOLPH E</del>	<del>7596 EADS AVE, STE 201</del>	<del>LA JOLLA CA 92037</del>
<del>AD</del>	<del>VENTURINI, MARTIN J</del>	<del>7596 EADS AVE, STE 201</del>	<del>LA JOLLA CA 92037</del>
S	GLICKMAN, A.B.	1300 E. 9TH ST., STE. 900	CLEVELAND OH 44114
<del>D</del>	<del>PINKAS, ROBERT P</del>	<del>26000 CHAGRIN BLVD., STE. 1150</del>	<del>CLEVELAND OH 44122</del>
<del>D</del>	<del>BERGMAN, JIM</del>	<del>26000 CHAGRIN BLVD., STE. 1150</del>	<del>CLEVELAND OH 44122</del>

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

7000003469677-6

-11/20/00-01021-005

\*\*\*\*750.00 \*\*\*\*750.00

State

Zip Code

FL

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

10/30/2000

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/00

858-272-2809