PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(((H16000318532 3)))

FILED 8:00 AM
December 29, 2016
Sec. Of State

DOCUMENT # N15000005955

1. Corporation Name

James Museum, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
880 Carillon Parkway	880 Carillon Parkway
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg FL
Zip: 33716 Country: USA	Zip: 33716 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6/15/2015

5. FEI Number: 47-4364053 ☐ 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: Thomas A. James
Street Address (P.O. Box Number is Not Acceptable): 880 Carillon Parkway
Suite, Apt #, Etc:
City: St. Petersburg State: FL Zip Code: 33716

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 X Thomas A James Date 12/23/16
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Thomas A. James	880 Carillon Parkway	St. Petersburg, FL 33716
D/VP/S	Mary S. James	880 Carillon Parkway	St. Petersburg, FL 33716
D/VP/T	Courtland W. James	880 Carillon Parkway	St. Petersburg, FL 33716
D/VP	Huntington A. James	880 Carillon Parkway	St. Petersburg, FL 33716
	(((H16000318532 3)))		

10. **E-mail Address:** Melissa.Jaeger@RaymondJames.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X Thomas A James 12/23/16 (727) 567-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS A. JAMES, PRESIDENT

14:17 Electronic Filing Audit Record 02/15/17

Fax Audit Number: H16-000318532 has a current status of FILED
From: JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
911 CHESTNUT STREET
P.O. BOX 1368
CLEARWATER FL 33756-0000 US
Contact Name: RANELL M TINSLEY Ph: (727)461-1818
Userid: 076666002140 Account: 076666002140 Sub-Account:
Document Type: EFIL09 Total Pages: 1
Corporate Name: JAMES MUSEUM, INC.
Certified Copy: Certificate of Status:
Fax Phone Number: (727)441-8617 Request Date: 12/29/16 Time: 13:17:47
Delivery Method: F Fax-Id: 216A00027681
Estimated Charge: $236.25
Capital Contr: $0.00 Amt Increase: $0.00
D/Reason: AR User Year: 2016 501(3)(C) STATUS:
Corp Status: I Total Corps:

Use [Ctrl-K] to list available Function Keys