


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 19 PM 12:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N45729					
1. Corporation Name Shoppes in Jacaranda Commerce Association, Inc.					
Principal Place of Business 745-Johnnie-Dodds-Boulevard, #A Mt. Pleasant, SC-29464			Mailing Address (Empty)		
REINSTATEMENT 10-97					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 1427 Laurens Road		3. New Mailing Address, If Applicable 1427 Laurens Road		4. Date Incorporated or Qualified To Do Business in Florida 10-23-91	
Suite, Apt. #, etc. (Empty)		Suite, Apt. #, etc. (Empty)		5. FEI Number (Empty)	
City & State Greenville, SC		City & State Greenville, SC		Applied For <input checked="" type="checkbox"/>	
Zip 29606		Zip 29606		Country USA	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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	2	3	4	5	6
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		
PTD	T. Mark McCall	4109 Buckingham Place	Colleyville, TX 76034		
SDV	Jeffrey S. McCall	1427 Laurens Road	Greenville, SC 29606		
D	Brent Sembler	c/o The Sembler Company 5858 Central Avenue	St. Petersburg, FL 33707		
D	Drew Tabatchnik	12101 N.W. 74th Street	Plantation, FL 33325		
8. Name and Address of Current Registered Agent CT Corporation System 1200 So. Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
			100002094841--9 -02/24/97--01001--018 *****306.25 *****306.25 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: <i>Connie Bryan</i> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 2/18/97 REGISTERED AGENT MUST SIGN					
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-31-97 Daytime Phone #: 864-233-4908		

CR20040 (12/95)