PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 17 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45729

1. Corporation Name

Shoppes In Jacaranda Commerce Association, Inc.

REINSTATEMENT 99-03
900014241509
03/17/03--01063--003 **430.00

2. Principal Office Address	**3.** Mailing Office Address
P.O. 5572	P.O. 5572
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Grenville S.C.	City & State: Grenville S.C.
Zip: 29606 Country: USA	Zip: 29606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/1991

5. FEI Number: 11-3680014 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Shelley Savage — REGISTERED AGENT MUST SIGN
Shelley Savage
Vice President
Date: 3/14/03

CR2E081 (10/02)

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
P/D	T. Mark McCall	704 E. Washington St	Grenville S.C. 29601
ST/D	Jeffrey S. McCall	704 E. Washington St	Grenville S.C. 29601
D	Ron Kall	8751 W. Broward Blvd.	Plantation Fl 33324
D	Mark Silverman	157 N. Hill Rd.	Plantation Fl 33324

10. 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: T. Mark McCall — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. Mark McCall
3/14/2003 — Date
404-433-6326 — Daytime Phone #

gf 3/16