

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE
	Sandra B. Mortham
	Secretary of State
	DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093099

1. Corporation Name

ST. JAMES VENTURES, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable  
4350 West Cypress St.

3. New Mailing Office Address, if Applicable  
4350 West Cypress St.

4. Date Incorporated or Qualified  
To Do Business in Florida 11/13/96

Suite, Apt. #, etc.  
Suite 440

Suite, Apt. #, etc.  
Suite 440

5. FEI Number  
59-3429287

Applied For  
Not Applicable

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip  
33607

Zip  
33607

6. CERTIFICATE OF STATUS DESIRED [ ] \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	ALEX F. HERN	4350 W. CYPRESS ST. SUITE 440	TAMPA, FL 33607

000002814230-5  
-03/22/99-01143-010  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

MARCUS J. VERNON  
577 DUNCAN AVENUE  
CLEARWATE, FL 34616

9. Name and Address of New Registered Agent

Name  
RIVERSON S. LEONARD  
Street Address (P.O. Box Number is Not Acceptable)  
4350 WEST CYPRESS STREET  
Suite, Apt. #, Etc  
SUITE 440  
City  
TAMPA

State  
FL  
Zip Code  
33607

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

REGISTERED AGENT MUST SIGN

Date 2/18/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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 name 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 727 480 8080  
Date Daytime Phone #