

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

99 MAR 12 PM 3:48

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	
City & State Tampa, Florida		City & State Tampa, Florida		Applied For Not Applicable	
Zip 33607		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT** 98-99

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

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

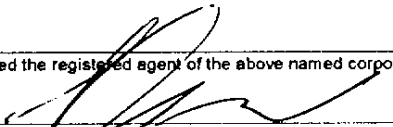
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 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCUS J. VERNON 577 DUNCAN AVENUE CLEARWATE, FL 34616		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:  Date: 2/18/99

REGISTERED AGENT MUST SIGN

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:  Date: 2/18/99 Time: 7:27 Daytime Phone #: 480 8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR