PLEASE READ APPLICATION FOR REINSTATEMENT DOCUMENT # P97000 1 Corporation Name SH. James Enterprises,	FLORIDA DEPARTI Katherine Secretary DIVISION OF COL DIVISION OF COL	MENT OF STATE Harris of State	OMPLETING THIS FORM. FILEU DECRETARY OF STATE DEVISION OF CORPORATION 99 NOV -8 PH 12: 33				
Principal Place of Business Mailing Address 1055 Gand Isk Drive Naples, FL 34108 If above addresses are incorrect in any way. line through incorrect information and enter correction below. 2 New Principal Office Address, If Applicable 1055 Grand Isk Drive Suite. Api r. etc. City & State Naples FL City & State			REINSTATEMENT 99 4. Date Incorporated or Qualified To Do Business in Florida 3-19-97 5. FEI Number 59 - 3446616 Applied For Not Applicable 6. S8 75 Additional for required			7 Applied For Not Applicable	
Zip 34108 Country	Zip Ci	iountry	CERTIFICATE	OF STATUS DESIRED	for a Cer	tional Fee required tilicate of Status	
7. Names and Street Addresses of Each Officer and Name of Officers and/or Directors D Jumys Dellas	3 (Do NG	Street Address of Each Officer and/or Director Of Use Post Office Box N Stand Isk Dr	Numbers) 4 City / State / Zip			34108	
$\begin{array}{c} 0000030471601 \\ -11/17/9901054015 \\ ****758.75 \\ ****758.75 \\ \end{array}$							
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent				
William Rtaff 1124 600xbtk Ru Naples, FL 31	Street Address (F	James Dellas Street Address (P.O. Box Number is Not Acceptable) 5 10555 Grand Jst Suite, Apt. #, Etc. 0 City State					
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 BEGISTERED AGENT MUST SIGN							
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes				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 names of individuals ligited 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 TWED OF PR	INTED NAME OF SIGNING OFFICE	R OR DIRECTOR		/[-5-99 Date	941-51 Daytime Ph	4-0474.	