PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 31 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/21/02 01049 011 75.00

DOCUMENT # V57524

1. Corporation Name

STEWART PROPERTIES OF TAMPA, INC.

Principal Place of Business	Mailing Address
3401 W CYPRESS ST TAMPA FL 33607	3401 W CYPRESS ST TAMPA FL 33607

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
		3401 W. Cypress Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 202	
City & State		City & State Tampa, FL	
Zip	Country	Zip 33607-5040	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/1992

5. FEI Number: 59-3138030 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HICKMAN, HAROLD E	1614 ALTOONA WAY	BRANDON FL
D	COFER, JOSEPH B	ONE HARBOUR PLACE	TAMPA FL
D	MOHLER, EUGENE A	3035 COUNTRY SIDE RD	CLEARWATER FL
D	REAVES, VIRGINIA	2401 ARDSON PL APT 403B	TAMPA FL
P	HICKMAN, HAROLD E.	1614 Altoona Way	Brandon, FL
S/D	MILLER, E. BRADFORD	4112 Carrollwood Village Dr.	Tampa, FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GIBBONS, TUCKER, MILLER, WHATLEY & STIEIN 101 E KENNEDY BLVD SUITE 1000 TAMPA FL 33602	Name: Harold E. Hickman Street Address (P.O. Box Number is Not Acceptable): 3401 West Cypress Street Suite, Apt. #, Etc.: Suite 202 City: Tampa State: FL Zip Code: 33607

REINSTATEMENT 02

D02-45084?3-10090??6 DEPOSIT ONLY 11/21/02 ...

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Harold Hickman — Date 11/13/02
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — Harold Hickman — 11/13/02 — 813-876 0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/02)