

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG -9 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

01-02

DOCUMENT # J00625

1. Corporation Name

BANAGO, INC

2. Principal Office Address

1000 N UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 630352

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

City & State

N MIAMI BEACH, FLORIDA

Zip

33024

Country

USA

Zip

33163-0352

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/21/86

5. FEI Number

59-1657251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDRE RIBONNET

Street Address (P.O. Box Number is Not Acceptable)

2640 NE 212TH TERRACE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33180

000007113900-0  
-08/14/02-01070-005  
\*\*\*\*900.00 \*\*\*\*900.00

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 08.06.02

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
PVST	ANDRE RIBONNET	2640 NE 212TH TERRACE	N MIAMI BCH, FL-33180

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:

*[Handwritten Signature]*

ANDRE RIBONNET  
PRESIDENT

Date 08.06.02

(305)944.8200  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)