PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 18 AH 10: 06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000045623

1. Corporation Name

BANYAN CUSTOM HOMES, INC.

2. Principal Office Address	**3.** Mailing Office Address
223 RAINBOW ST.	223 RAINBOW ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL

Zip 32952	Country USA	Zip 32952	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/9/1994

5. FEI Number 59 3250971   Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name   WILLIAM J. PRZYBYLSKI II

Street Address (P.O. Box Number is Not Acceptable)   223 RAINBOW ST.

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Suite, Apt. #, Etc.

City MERRITT ISLAND	State FL	Zip Code 32952

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 _____   Date 4/9/03
REGISTERED AGENT MUST SIGN

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
PRESIDENT	WILLIAM J. PRZYBYLSKI II	223 RAINBOW ST.	MERRITT ISLAND, FL 32952

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: _____   4/9/03   321-223-3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #