

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 PM 2: 22

DOCUMENT # F53269

1. Corporation Name

BAN X, INC.

Principal Place of Business

1270 S.W. 34TH ST.
P.O. BOX 695
PALM CITY FL 34990

Mailing Address

1270 S.W. 34TH ST.
P.O. BOX 695
PALM CITY FL 34990

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1981

5. FEI Number

59-2146185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
DPV	COOK, ELLIS L.	1270 SW 34TH STREET	PALM CITY, FL 00000
SCM	COOK, ELLIS L.	1270 SW 34TH STREET	PALM CITY, FL 00000
T	COOK, ELLIS L.	1270 SW 34TH STREET	PALM CITY FL

500004740275--0
-12/26/01--01109--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

COOK, ELLIS L.
1270 SW 34TH STREET
PALM CITY FL 33490

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ellis L. Cook
REGISTERED AGENT MUST SIGN

Date 12/11/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ellis L. Cook 11/11/01 (561) 283-3117

CR2E040 (8/01)