City & State  City & State  City & State  Country  Countr	4	! Di		ALL INICT	DUCT	IONS BEFORE	COMPLET	INO TUIO FO	DN4		
1. Corporation Name BAN X, INC.  Prin Appl Place of Business  Mailing Address  1270 S.W. 34TH ST. P.O.BOX 65 POLIX CTY F1 34980  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses are incorrect in any way, line through incorrect information and onter correction below.  If above addresses in applicable  In Delta incorporated or Qualified  In 1/09/1881  In Delta incorporated or Qualified  In One Status  Street Address of Each Officer and/or Directors  In One Status In Delta incorporated or Qualified  In One Status In Delta incorporated or Qualified In One Status In Delta incorporated or Qualified In One Status In Delta incorporated or Qualified In One Status In One	APPLICATION FLORIDA FOR PEINSTATEMENT				A DEPARTMENT OF STATE  Katherine Harris  Secretary of State		$\neg$			STATE LORIDA	
1270 S.W. 94TH ST. P.O. 800 (856 PALM CITY FL 34950)  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses, if Applicable  2. New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  4. Date Incorporated or Qualified To Do Business in Florida  11/09/1981  5. FEI Number  59-2146185  Applied For Nor. Applied Fo	1. Corpor	ration Name	F5326	39		•		OI DEC	13 PM	2: 22	
2. New Principal Office Address, If Applicable   3. New Mailing Office Address, If Applicable   4. Date Incorporated or Qualified To De Business in Florids   11/09/1981    Suite, Apt. #, etc.   5. FEI Number   59-2146185   Applied For Not Not Applied For Not Not Applied For Not Applied For Not Applied For Not Not Applied For Not Applied For Not Applied For Not Not Applied For Not Applied For Not Applied For Not Not Applied For Not Applied For Not Applied For Not Applied For Not Not Applied For Not Applied	1270 S.W. 34TH ST. 1270 S.W. 34T P.O.BOX 695 P.O.BOX 695 PALM CITY FL 34990 PALM CITY FL					and onler correction below	REINST	ATEME	H 6		
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Certificate of Status Desired  City / State / Zip  Country  Certificate of Status Desired  City / State / Zip  City / State / Zi	2. New Pi	rincipal Office Addre		3. New Mailis	New Mailing Office Address, If Applicable			To Do Business in Florida 11/09/1981			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Title(s)  Title(s)  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  T COOK, ELLIS L. 1270 SW 34TH STREET  PALM CITY, FL 00000  T COOK, ELLIS L. 1270 SW 34TH STREET  PALM CITY FL  SOCIOL 4 7 4 0 2 7 5 - 0 -12 / 26 / 01 -01103 -013  *******750.00********750.00**  *******750.00*********750.00**  *******************************	City & State Ci									Applied For Not Applica	
Titlo(e)   2				<u> </u>	Zip Country			CERTIFICATE OF STATUS DESIRED  for a Certificate of Statu			
T COOK, ELLIS L.  1270 SW 34TH STREET  PALM CITY FL  5000047402750 -12/26/0101103019 *****750.00 *****750.00  *****750.00 *****750.00  Name  COOK, ELLIS L. 1270 SW 34TH STREET  PALM CITY FL 33490  Street Address (P.O. Box Number is Not Acceptable)  State Zip Code FL	Title(s)	2	Name of Officers and/or Directors	or Director (Flor	Street Address of Each Officer and/or Director			4			
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  COOK, ELLIS L.  1270 SW 34TH STREET  PALM CITY FL 33490  Street Address (P.O. Box Number is Not Acceptable)  State   Zip Code   FL	SCM	COOK, ELLIS L.			1270 SW 34TH STREET			PALM CITY, FL 00000			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name COOK, ELLIS L. 1270 SW 34TH STREET PALM CITY FL 33490 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	T	COOK, ELLIS I			1270 SW 34TH STREET			PALM CITY FL			
COOK, ELLIS L.  1270 SW 34TH STREET  PÂLM CITÝ FL 33490  Suite, Apt. #, Etc.  City  State   Zip Code   FL							50	000474 -12/26/01 ****750.	1027 01109 00 ***	50 9-019 *750.00	
COOK, ELLIS L.  1270 SW 34TH STREET  PALM CITY FL 33490  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State FL		8. Name and	d Address of Current I	Registered Age	nt	Name	9. Name and a	Address of New Regis	tered Agent		
City State Zip Code FL	1270 SW 34TH STREET					Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	PALM	CHY FL 33490					c.			Code	

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CR2E040 (8/01)

Applied For Not Applicable

11. I certify that I am an officer or director-er 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 of Registered Agent