

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 DEC -6 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002399

1. Corporation Name

BANTEK WEST, INC.

Principal Place of Business

10200 E. GIRARD AVE  
C-360  
DENVER CO 80231  
US

Mailing Address

10200 E. GIRARD AVE  
C-360  
DENVER CO 80231  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

84-1035002

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	HOUKOM, LEIF W	11633 E. BERRY AVE	ENGLEWOOD CO 80111
ST	TUDOR, HAL B	7372 SPRING DRIVE	BOULDER CO 80303
Director	Wich, Frederick P., Jr.	3135 Thayer Street	Evanston, IL 60201

REINSTATEMENT

400003069934--8  
11/14/99--01093--018  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VANDERPLAATS, GARRETT  
731 PINE LANE  
CLERMONT FL 34711

Name

Dorothy Severino

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

515 Woodland Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

Dorothy K. Severino  
REGISTERED AGENT MUST SIGN

Date 11-30-99

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/99

Date

(305) 376-1439

Daytime Phone #

CR25040 (8/99)