

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G44757**

1. Corporation Name

**BANYAN RESORT MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

323 WHITEHEAD ST.  
KEY WEST FL 33040

323 WHITEHEAD ST.  
KEY WEST FL 33040

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

06/21/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2439534

Applied For

City & State

City & State

Not Applicable

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
PD	KIER, VANCE W.	517 DUVAL ST	KEY WEST FL
VD	RUSSELL, GILBERT M.	323 WHITEHEAD ST	KEY WEST FL
STD	KIER, JOAN	517 DUVAL STREET	KEY WEST FL

700023962507

10/21/03--01029--013 \*\*558.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIER, VANCE W.  
323 WHITEHEAD ST  
KEY WEST FL 33040

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/13/03

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

305-293-7211

CR2E040 (7/03)

**Banyan Resort Management, Inc.**

**323 Whitehead St.**

**Key West, Fl. 33040**

305-292-7211 Fax 305-294-1107

E-mail, [vkier@bellsouth.net](mailto:vkier@bellsouth.net)



10/14/03

Division of Corporations  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, Fl 32314-6327

Re: G44757

Dear Sirs:

Enclosed by check in the amount of \$558.75 please find payment for Uniform Business Report and Certificate of Status. This was previously paid 7/15/2003 by filing on line [www.sunbiz.org](http://www.sunbiz.org). Enclosed please find receipt showing Document Number: G44757 Tracking Number: 400021565334 and payment amount of \$558.75.

I have checked your site and it shows the Corporation dissolved. I have also checked my bank statements, and no funds have been withdrawn. Apparently there has been a software malfunction.

Thank you for your help

Vance Kier.  
Owner, Banyan Resort Management, Inc.  
Secretary, BTOA  
E-mail [vkier@bellsouth.net](mailto:vkier@bellsouth.net)  
Direct 305-292-7211