

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H43025**

**1. Corporation Name**

Banjo Lake Development, Inc.

**2. Principal Office Address**

1055 E. Jericho Turnpike

Suite, Apt. #, etc.

City & State

Huntington, New York

Zip

11743-5434

Country

USA

**3. Mailing Office Address**

201 N. Franklin Street

Suite, Apt. #, etc.

Suite 2100

City & State

Tampa, Florida

Zip

33602

Country

USA

**FILED**

03 DEC 11 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400025608334

12/18/03--01057--024 \*\*900.00

**REINSTATEMENT** 02-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

February 15, 1985

**5. FEI Number**

59-2545811

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Andrew Service Corporation of Florida

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

201 N. Franklin Street

Suite, Apt. #, Etc.

Suite 2100

City

Tampa

State

FL

Zip Code

33602

**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

*Andrew Service Corp. of Florida*

REGISTERED AGENT MUST SIGN

Date

12-10-2003

**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
PD	Don Lia	1055 E. Jericho Turnpike	Huntington, New York 11743-5434
STD	Louis Sollecito	16 Brook Lane	Brookville, New York 11545-3136

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03

Daytime Phone #

631-423-4111

CR2E081 (10/02)