

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 20 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99080			
1. Corporation Name D. Banks Construction Inc. 14922 evershine St Tampa Fl 33624			
2. Principal Office Address 14922 Evershine St		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa Fl 33624		City & State SAME	
Zip 33624	Country Hillsborough	Zip SAME	Country

2001 UBR W

4. Date Incorporated or Qualified To Do Business in Florida 7/25/90	
5. FEI Number 59-3052309	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name John W. Feyl	
Street Address (P.O. Box Number is Not Acceptable) 14011 Middletom Way	
Suite, Apt. #, Etc.	
City Tampa	State FL
Zip Code 33624	

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***150.00 ***150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/17/01

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
PRES.	Dennis Banks	14922 Evershine St	Tampa Fl 33624

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)(g), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/17/01

Daytime Phone #

813-964-8849

242

D. Banks Construction

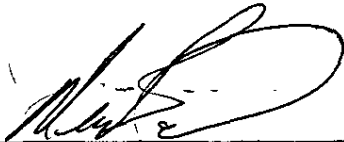
General Contractors

813 964-8849

964-8859 fax

Please be advised that I would like to reinstate my corporation. I did not receive notice . I believe it was due to change of address. I would like to have reinstate fees waived. Enclose please find application and fee of \$150.00 Please call if there is any question.

Dennis Banks pres.



Thank You Dennis

Cell # (813) 625-5648

14922 Evershine st. Tampa FL 33624