1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION** [redacted]

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

FILED
01 DEC 20 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99080

1. Corporation Name

D. Banks Construction Inc.
14922 evershine St
Tampa Fl 33624

2. Principal Office Address: 14922 Evershine St
Suite, Apt. #, etc.:
City & State: Tampa Fl 33624
Zip: 33624 County: Hillsborough

3. Mailing Office Address: SAME
Suite, Apt. #, etc.:
City & State: SAME
Zip: SAME County:

2001 UBR

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 ☐ $8.75 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

300004883313--8
-02/05/02--01015--008
****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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 12/17/01

CR2E031 (99/04)

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)(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] Pres. 12/17/01 813-664-8849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

*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