

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 28 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # M02000000087

Name and Mailing Address

0003092 01 AT 0.292 \*\*AUTO T4 0 0615 32771-666034



BANYAN LEASING COMPANY LLC  
134 COASTLINE ROAD  
SANFORD FL 32771-6660



10/28 2003

2. New Mailing Address

P.O. BOX 27-8369

City, State, Zip

BOCA RATON, FL 33427-3369

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

01/10/2002

Principal Place of Business

134 COASTLINE ROAD  
SANFORD FL 32771

3. New Principal Place of Business Address

4250 ST. JOHNS PARKWAY

City, State, Zip

SANFORD, FL 32771

6. FEI Number

51-0379831

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

WILLIAM E. McMILLEN

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

22107 MARTELLA AVE

City

BOCA RATON

FL

Zip Code

33433

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

Date 10/22/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GOOSE, DAVE	134 COASTLINE ROAD 4250 ST. JOHNS PARKWAY	SANFORD FL 32771
MGRM	SHAPIRO, GARY L.	P.O. BOX 24279	CHRISTIANSTED, ST CROIX USVI 00824

400024203844  
10/28/03-01042-005 \*\*150.00

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]* SIGNATURE REQUIRED

Date 10/22/03

Daytime Phone # 561-394-6851

Typed or printed name of signing Managing Member/Manager