

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN -8 PM 3: 38

DOCUMENT # M62650

1. Corporation Name

BANYON F.S INC.

2. Principal Office Address - No P.O. Box #

5829 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip

33021

Country

U.S

3. Mailing Office Address

5829 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip

33021

Country

U.S

**REINSTATEMENT**

CR2E081 (10/08)

07-09ks

4. Date Incorporated or Qualified  
To Do Business in Florida 11/17/1987

5. FEI Number

65-0014507

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

ALLUDDIN BHIMANI

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

5829 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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]*

Date 12/31/2008

REGISTERED AGENT MUST SIGN

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	ALLUDDIN BHIMANI	5829 HOLLYWOOD BLVD	HOLLYWOOD, FL. 33021
VP	ROZILA BHIMANI	5829 HOLLYWOOD BLVD	HOLLYWOOD, FL. 33021

700140053037  
01/08/09-01032-016 \*\*450.00

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLUDDIN BHIMANI

12/31/2008

Date

Daytime Phone #