PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~**REINSTATEMENT**~~
97-01 WSR

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

FILED
01 MAR 16 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M88892

1. Corporation Name
BANKING INFOLMATIONAL SERVICES, INC.

2. Principal Office Address	**3.** Mailing Office Address
13 WOODS LANE	13 WOODS LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH FL	City & State: BOYNTON BEACH FL
Zip: 33436 Country: PALM BEACH	Zip: 33436 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: MAY 16, 1988

5. FEI Number: 65-0051388 ☐ 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: HAROLD JAFFE

600003891686--6
-03/22/01--01008--012
****765.00 ****765.00

Street Address (P.O. Box Number is Not Acceptable): 13 WOODS LANE

Suite, Apt. #, Etc.:

City: BOYNTON BEACH State: FL Zip Code: 33436

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: Harold Jaffe REGISTERED AGENT MUST SIGN Date: 3/14/2001

CR2E081 (9/00)

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.	HAROLD JAFFE	13 WOODS LANE	BOYNTON BEACH, FL 33436
V. PRES	HERMINE JAFFE	13 WOODS LANE	BOYNTON BEACH FL 33436

* Reports Returned by P.O.

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: Harold Jaffe HAROLD JAFFE PRES. 3/14/2001 561-737-1987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #