

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #N06000007058**

1. Corporation Name

Anguilla Cay, Inc.

300384277478  
04/05/22--01001--015 \*\*378.25

300384277478  
04/08/22--01011--001 \*\*105.00

CR2E081 (11/10)

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

2950 NW 5th Ave

3. Mailing Office Address

2950 NW 5th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

US

Zip

33431

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/2006

5. FEI Number

20-5601796

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

Thomas U. Graner, Esq.

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

1699 S. Federal Highway

Suite, Apt. #, Etc

Suite 300

City

Boca Raton

State

FL

Zip Code

33432

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

Date 4/6/2022

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
Pres	Banyan Realty BR, LLC	2950 NW 5th Ave	Boca Raton, FL 33432

10. E-mail Address: tom@granerlaw.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Thomas U. Graner, Esq. / Attorney-in-fact

4/6/2022

561-750-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REINSTATEMENT FOR:

1. BANYAN PLACE AT ANGUILLA CAY ASSOCIATION, INC.

PLEASE RETURN A STAMPED COPY

CHECK# 9231          FOR: \$376.25

CHECK# 9234          FOR: \$105.00

THANK YOU!

2022 APR -7 AM 9:48  
FILED