

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

04 MAY 24 PM 3: 23

DOCUMENT # **N95 000004944**

1. Corporation Name

**Banner Lake Residents  
Association**

2. Principal Office Address

**Banner Lake Club**

Suite, Apt. #, etc.

3. Mailing Office Address

**Po Box 1229**

Suite, Apt. #, etc.

City & State

**Hobe Sound, FL**

Zip

**33455**

Country

**MARTIN**

City & State

**FT Hobe Sound, FL**

Zip

**33455**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-16-1995**

5. FEI Number

**65-0625535**

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

**Alfred N MILLER**

**700037438157**

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

**11212 LANTANA AVE**

Suite, Apt. #, Etc.

City

**Hobe Sound, FL**

State

**FL**

Zip Code

**33455**

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

**Alfred N Miller**

REGISTERED AGENT MUST SIGN

Date **5-24-04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles      | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip          |
|-------------|--------------------------------------|---|-----------------------------|
| <b>Pres</b> | <b>MARY LOVELY</b>                   | <b>8575 S.E. MARS AVE</b>                         | <b>Hobe Sound, FL 33455</b> |
| <b>VP</b>   | <b>Catherine Hulsford</b>            | <b>12274 S.E. Florida Ave</b>                     | <b>Hobe Sound, FL 33455</b> |
| <b>Dir</b>  | <b>Gilbert Miller</b>                | <b>12293 FLA AVE</b>                              | <b>Hobe Sound, FL 33455</b> |
| <b>Dir</b>  | <b>Dollie MILLER</b>                 | <b>12293 FLA AVE</b>                              | <b>Hobe Sound, FL 33455</b> |
| <b>Sec.</b> | <b>B. Gayle MILLER</b>               | <b>8223 S.E. PETWAY AVE</b>                       | <b>Hobe Sound, FL 33475</b> |
| <b>Pres</b> | <b>Alfred N MILLER</b>               | <b>8223 S.E. PETWAY AVE</b>                       | <b>Hobe Sound, FL 33475</b> |

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:

**Alfred N Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alfred N. MILLER**

Date

Daytime Phone #

**5-24-04**

CR2E001 (01/04)

I Alfred N MILLER, did NOT  
Receive the first - second  
notice TO pay the incorporation  
fee for 2002. I am respectfully  
requesting based upon, non receipt to  
be reinstated, once all late fees  
are paid in full.

Thank you  
Alfred N Miller  
5-24-04.