

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 MAY -2 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 CORPORATION
REINSTATEMENT
WBOL

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

DOCUMENT # P00000097053

1. Corporation Name
FIRST NATIONAL BANTER, INC

2. Principal Office Address
2149 NW 85th LANE
Suite, Apt. #, etc.

3. Mailing Office Address
2149 NW 85th LANE
Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS

Zip
33071

Country
USA

Zip
33071

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1051897

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
LEE PLEETER

Street Address (P.O. Box Number is Not Acceptable)
2149 NW 85th LANE

Suite, Apt. #, Etc.
CORAL SPRINGS

City
CORAL SPRINGS

State
FL

Zip Code
33071

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 4/28/02

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	LEE PLEETER PRESIDENT	2149 NW 85th LANE	CORAL SPRINGS, FL 33071

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: [Signature] Date 4/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2001 (9/01)