

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 11:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000024221**

1. Corporation Name

BANISHA ENTERPRISES, INC.

Principal Place of Business

2676 NE 35TH ST.
 Ocala FL 34479

Mailing Address

2676 NE 35TH ST.
 Ocala FL 34479

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~PO Box 312~~

5. FEI Number

Applied For

City & State

City & State

~~Ocala FL~~

0592706742

Not Applicable

Zip

Country

Zip

Country

~~32188~~

~~U.S.A~~

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	KHIAMNI, SHAFEEQ	2676 NE 35TH ST.	OCALA FL 34479
			500008565055
			10/24/02--01037--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESMAIL, YASMIN
 2676 NE 35TH ST.
 Ocala FL 34479

Name

NIZAR A. DHAMANI

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

5921 PEECAN ROAD

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34472

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

~~SIGNATURE REQUIRED~~
NIZAR A. DHAMANI
 REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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 REQUIRED~~
NIZAR A. DHAMANI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 352-288-2800

CR2E040 (8/02)

10/25/02

TO,

WHOM SO EVER IT MAY CONCERN.

DIVISION OF CORPORATION.

SIR/MADEAM.

ENCLOSED IS THE U B R WITH
THE ^{MONEY ORDER} ~~CHECK~~ OF \$150 (ONE HUNDRED FIFTY \$⁰⁰/100)

AS WE DID NOT RECEIVED ANY PRIOR
U.B.R. NOTICES DUE TO CHANGE OF ADDRESS
PLEASE NOTE OUR CORPORATIONS PHYSICAL
ADDRESS :-

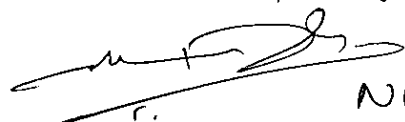
BANISHA ENTP. INC.
CR 25 EAST
OCCLAWAHA FL. 32179.

MAILING ADDRESS

~~BA~~ LAKE WEIR CIBURON

PO BOX 312
OCCLAWAHA - 32183

Thank you



NIZAR. A. DHAN.