

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 26 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040209**

1. Corporation Name
Banana Wind Inc.

12832 Front Beach Rd.
12832 Front Beach Rd.

2. Principal Office Address
12832 Front Beach Rd.

3. Mailing Office Address
12832 Front Beach Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City Beach, Florida

City & State
Panama City Beach, Florida

Zip Country
32407 Bay

Zip Country
32407 Bay

4. Date Incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number
59-3712127

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
William Monroe Burns

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

Suite, Apt. #, Etc.

City
Lynn Haven

State Zip Code
FL 32444

REINSTATEMENT 02-04

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 William Monroe Burns
REGISTERED AGENT MUST SIGN

Date 7/23/04

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.	William Monroe Burns	333 Liddon Place	Lynn Haven, Florida 32444
Vice <i>h</i>	Dana D. Burns	333 Liddon Place	Lynn Haven, Florida 32444

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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:

William Monroe Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 233-3114
7/23/04 866-0738
Date Daytime Phone #

CR2E081 (01/04)