

PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 25 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055626

**1. Corporation Name**

BANNING & LANGTRY HOLDINGS, INC.

100037290001  
05/25/04--01037--016 \*\*308.75

**2. Principal Office Address**

13833 WELLINGTON TRACE

Suite, Apt. #, etc.

PMB #132

City & State

WELLINGTON, FL

Zip

33414

Country

USA

**3. Mailing Office Address**

13833 WELLINGTON TRACE

Suite, Apt. #, etc.

PMB #132

City & State

WELLINGTON, FL

Zip

33414

Country

USA

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

**5. FEI Number**

651109531

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

SPIEGEL & UTRERA, P.A.

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

1840 CORAL WAY

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33145-2748

**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]*  
REGISTERED AGENT MUST SIGN

Date

5/18/04

**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
PSTD	TRUDI J. MITCHELL	750 PINE CHASE COURT	WELLINGTON, FL 33414

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04

Date

561-758-4518

Daytime Phone #

CR2E081 (01/04)

ps 2 2 2

**Banning and Langtry Holdings, Inc.**

13833 Wellington Trace, PMB #132  
Wellington, FL 33414

May 21, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find the corporate reinstatement request form for subject company. I am requesting that you waive the \$600 reinstatement fee due to the fact that I never received the 2003 or 2004 renewal forms. I have taken the liberty of including a check in the amount of \$308.75 which includes the reinstatement fee plus \$8.75 for the certificate of status.

Please forward the certificate of status to the above address. Please make note in your records that the principal address as well as the mailing address should be changed as listed above.

If you have any questions, please contact me at 561-758-4518.

Thank you.

Sincerely,

*Trudi J. Mitchell*

Trudi J. Mitchell