

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 13 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060429

1. Corporation Name

BANANA WIND FARMS, INC.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address
4951 SW 106th AVENUE

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

Zip
33328

Country
USA

3. Mailing Office Address
4951 SW 106th AVENUE

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

Zip
33328

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 6/18/01

5. FEI Number
651114713

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
STEVE EGAN

Street Address (P.O. Box Number is Not Acceptable)
4951 SW 106th AVENUE

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State Zip Code
FL 33328

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

REGISTERED AGENT MUST SIGN

Date 10/9/06

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
D	STEVE EGAN	4951 SW 106th AVENUE	FORT LAUDERDALE, FL 33328

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 contained in Chapter 119, 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:

STEVE EGAN

10/9/06

954-445-4613

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

xc 10/18