

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000068425

1. Corporation Name

BANC 7 CORP.

000023854330
10/16/03--01039--016 **150.00

2. Principal Office Address

22904 Cypress Trail Drive

Suite, Apt. #, etc.

3. Mailing Office Address

22904 Cypress Trail Drive

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Lutz, Florida

Zip

Country

33549

U.S.A.

Zip

Country

33549

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/02

5. FEI Number

01-0726450

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

MARIELA YOUNG

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

22904 CYPRESS TRAIL DRIVE

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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

Mariela A Young

REGISTERED AGENT MUST SIGN

Date 10-10-03

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
<u>P</u>	<u>MARIELA YOUNG</u>	<u>22904 CYPRESS TRAIL DRIVE Lutz, FL 33549</u>	<u>Lutz, FL 33549</u>
<u>✓</u>	<u>BEATRIZ MORA</u>	<u>22904 CYPRESS TRAIL DRIVE</u>	<u>Lutz, FL 33549</u>

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:

Beatriz Mora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

305-378-0001

Daytime Phone #

CR2E081 (10/02)



22904 Cypress Trail Drive
Lutz, Florida 33549

October 10, 2003

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

Florida Dept. of State:

Please consider our request to re-instate our corporation (Banc7 Corp.). We did not receive the annual maintenance fee request. We accidentally reviewed public archives and realized it was inactive.

Thank you very much.

Sincerely,

A handwritten signature in cursive script that reads "Beatriz Mora".

Beatriz Mora
President