

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 10 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000031990

1. Corporation Name

Bisaha Homes and Development Corp.

2. Principal Office Address - No P.O. Box #

1581 Mellon Way

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

34232

Country

US

Zip

Country

7. Name and Address of Current Registered Agent

Name

Daniel R. Lane

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

1271 Palm View Rd.

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34240

4. Date Incorporated or Qualified
To Do Business in Florida

3-19-03

5. FEI Number

204211950

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

4-3-09

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.	Mike Bisaha	1581 Mellon Way	Sarasota FL 34232
V.P.	Daniel R. Lane	1271 Palm View Rd	Sarasota FL 34240

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:

[Signature]

Daniel R. Lane

4-3-09

941-302-9873

Date

Daytime Phone #

4/1/30