

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 29 AM 11:29

DOCUMENT #

1. Corporation Name

BANYAN COURT VILLES INC.
PO6000047938

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

373 EDEN DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

SAME

SAME

Zip

Country

Zip

Country

34223

SARASOTA

SAME

SAME

7. Name and Address of Current Registered Agent

Name

LOUIS A. MAURO JR.

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

373 EDEN DR.

Suite, Apt. #, Etc.

City

ENGLEWOOD, FL

State

FL

Zip Code

34223

4. Date Incorporated or Qualified
To Do Business in Florida

APR 17 4TH 2006

5. FEI Number

20-463 0387

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

Louis A. Mauro Jr.
REGISTERED AGENT MUST SIGN

Date

12/18/09

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.	LOUIS A. MAURO JR.	373 EDEN DR.	Englewood, FL 34223
V.P.	GLORIA P. FINAMORE	✓ ✓	✓ ✓
SEC.	GLORIA P. FINAMORE	✓ ✓	✓ ✓

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12/24/09 - 01043 - 008 **458.75

REINSTATEMENT 07-09

10. E-mail Address: LS 379@CONCAST.NET

(To be used for future annual report notification)

11. 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. I further certify, 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

Louis A. Mauro Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/09 941
425 8569
Daytime Phone #