

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

11 MAR 15 AM 11:32

DOCUMENT #P08000033016

1. Corporation Name

BANKS ROAD CORP.

REINSTATEMENT 10-11

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

1547 NW 92ND WAY

3. Mailing Office Address

PO BOX 670893

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

US

Zip

33067

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03-31-2008

5. FEI Number

26-2331909

☐ 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

MIRADIJE ZEQRIRI

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

1547 NW 92ND WAY

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

200197989152  
03/15/11--01034--002 \*\*900.00

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

Date

REGISTERED AGENT MUST SIGN

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
P	MIRADIJE ZEQRIRI	1547 NW 92 WAY	CORAL SPRINGS, FL 33071

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Miradije Zeqiri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12 / 11

Date

Daytime Phone #