

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -9 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006288**

1 Corporation Name

BANO CONCEPTS, INC.



REINSTATEMENT *96*

Principal Place of Business

~~7556 COVEDALE DR.~~
~~ORLANDO FL 32818~~

1660 Onon Daga Dr.
Geneva, FL 32732

Mailing Address

~~7556 COVEDALE DR.~~
~~ORLANDO FL 32818~~

1660 Onon

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1660 Onon Daga Drive

Suite, Apt. #, etc.

City & State

Geneva, FL

Zip *32732*

Country
USA

3. New Mailing Office Address, If Applicable

1660 Onon Daga Drive

Suite, Apt. #, etc.

City & State

Geneva, FL

Zip *32732*

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1992

5. FEI Number

59-3158784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|---|---|--|
| PS | BANACHOWSKI, JOAN C <i>BANACHOWSKI</i> | 4801 OLD OAK TREE CT. <i>1660 Onon Daga Drive</i> | ORLANDO FL <i>Geneva, FL</i> |
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700002025717--9
-12/11/96--01025--026
*****363.75 ***363.75**

JB 12-9-96

8. Name and Address of Current Registered Agent

BANACHOWSKI, JOAN C
4801 OLD OAK TREE CT.
ORLANDO FL 32808

BANACHOWSKI, JOAN
1660 Onon Daga Drive
Geneva, FL 32732

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joan C. Banachowski
REGISTERED AGENT MUST SIGN

Date *10-31-96*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Joan C. Banachowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-96
Date

407-348-2249
Daytime Phone #

CR2E040 (7/96)