

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

093000052917
Banciana Beach Service, Inc.

Principal Place of Business

Mailing Address

Delray Beach, Fla.

727 S.E. 2nd Ave.
Delray Beach, Fla.
33483

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Delray Beach, Fla.
33483 USA

Delray Beach, Fla.
33483 USA

REINSTATEMENT 07.99

4. Date Incorporated or Qualified To Do Business in Florida

July 23, 1993

5. FEI Number

65-0413862

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.	Erich C. Thomas		727 S.E. 2nd Ave. Delray Beach, Fla. 33483
V.P.	L.K. Neal		"
Tre.	John F. Thomas		1115 Arthur Dr. Charleston, S.C. 29412

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Franciose, Gerlinde Lindy
3215 Chapel Hill Blvd.
Boynton Beach, Fla.

Name William G. Shoffstall, Esq.
Street Address (P.O. Box Number is Not Acceptable) 828 Squire Drive
Suite, Apt. #, Etc.
City Wellington State FL Zip Code 33414

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

[Signature]

Date

12/15/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-99

Daytime Phone #

561-243-942

KE