

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 4:18

DOCUMENT # P94000022229

1. Corporation Name

BANANA RIVER CORPORATION

2. Principal Office Address

400 LAKEVIEW STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip
32804

Country
USA

3. Mailing Office Address

P.O. BOX 547816

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip
32854-7816

Country
USA

REINSTATEMENT *od*

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
59-3245699

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

DAVID A. SMITH

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

400 LAKEVIEW STREET

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32804

300003493053

12/11/00 01026 005

****750.00 ****750.00

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

David A. Smith

Date *10/11/00*

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
D	DAVID A. SMITH	400 LAKEVIEW STREET	ORLANDO, FL 32804

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 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:

David A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00

Date

(407) 989-6360

Daytime Phone #

CR2E081 (9/99)