

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CORPORATION  
REINSTATEMENT**



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

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

300003493053-4

~~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

Date

*9/28/00*

Daytime Phone #

*(407) 949-6360*

CR2E081 (9/99)