

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 DEC 21 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000045347

1. Corporation Name

BANYAN DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

5979 NW 151ST ST  
STE 240  
MIAMI LAKES FL 33014  
US

5979 NW 151ST ST  
STE 240  
MIAMI LAKES FL 33014  
US

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



REINSTATEMENT *OB*

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

66-0590453

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
VSTD	MALNIK, ALVIN	5979 NW 151ST ST, STE 240 <i>601 Barkley Key Dr B600</i>	MIAMI LAKES FL <i>Miami, FL 3328</i>

600002725236--4  
-12/29/98--01074--010  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILBERT, MARK  
5979 NW 151ST ST  
STE 240  
MIAMI LAKES FL 33014

Name

*GILBERT Mark*

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

*601 Barkley Key Drive B600*

Suite, Apt. #, Etc.

City

*Miami*

State

**FL**

Zip Code

*33131*

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]* **SIGNATURE REQUIRED**

Date *1/17/20*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

*[Signature]* (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:

*[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/20*

Date

Daytime Phone #

CR2E940 (9/98)