

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.

2. New Principal Office Address, If Applicable

601 Brickell Key Dr

Suite, Apt. #, etc.

600

City & State

Miami FL

Zip

33131

Country

3. New Mailing Office Address, If Applicable

601 Brickell Key Dr

Suite, Apt. #, etc.

600

City & State

Miami FL

Zip

33131

Country

REINSTATEMENT

OB

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1995

5. FEI Number

65-0590453

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
VSTD	MALNIK, ALVIN	5979 NW 151ST ST STE 240 601 Brickell Key Dr Bldg	MIAMI LAKES FL Miami, FL 33131

6000002725236--4
-12/29/98--01074--010
***750.00 ***750.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

GILBERT, MARK

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

601 Brickell Key Dr Bldg

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/7/20

11. This corporation owes or has paid 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/20

Date

Daytime Phone #

CR2E040 (9/98)