

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000045347

1. Corporation Name  
BANYAN DEVELOPMENT CORPORATION

2003-07

2. Principal Office Address - No P.O. Box #  
Mark Gilbert  
200 South Biscayne Blvd.

Suite, Apt. #, etc.  
28th Floor - Suite #2800

City & State  
Miami, Florida

Zip  
33131

Country

3. Mailing Office Address Mark Gilbert  
200 South Biscayne Blvd.

Suite, Apt. #, etc.  
28th Floor- Suite #2800

City & State  
Miami, Florida

Zip  
33131

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/06/95

5. FEI Number 650590453

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  
Mark A. Gilbert  
Street Address (P.O. Box Number is Not Acceptable)  
200 South Biscayne Boulevard

Suite, Apt. #, Etc.  
28th Floor

City  
Miami

State  
FL

Zip Code  
33131

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/13/07

**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
DVST	Malnik, Alvin	200 South Biscayne Blvd.	Miami, FL 33131
P	Gilbert, Mark	200 South Biscayne Blvd.	Miami, FL 33131

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark Gilbert, President

3/13/07  
Date

335 533 286  
Daytime Phone #

FILED

2007 MAY 22 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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