

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000051025**

1. Corporation Name

**BANNERCOM, INC.**

Principal Place of Business

P.O. BOX 1010  
FT. MCCOY FL 32104

Mailing Address

P.O. BOX 1010  
FT. MCCOY FL 32104

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

2. New Principal Office Address, If Applicable

**138 N. Swinton Ave**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**Same**  
Suite, Apt. #, etc.

**FILED**  
**96 NOV 12 AM 10:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**REINSTATEMENT 1996** *MWB 11-15-96*

City & State

**Delray Beach FL**

City & State

**Delray Beach FL**  
Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/20/1985**

5. FEI Number

**593322310**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	STAHL, MELINDA	P.O. BOX 1010 138 N Swinton	FT. MCCOY FL 32104 Delray Bch, FL 33444

**300002009213--3**  
**-11/20/96--01015--010**  
**\*\*\*\*375.00 \*\*\*\*375.00**

8. Name and Address of Current Registered Agent

**STAHL, JAMES F**  
**138 N. SWINTON AVE.**  
**DELRAY BEACH FL 33444**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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**  
REGISTERED AGENT MUST SIGN

Date **11-5-96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-29-96**

Date

Daytime Phone #