

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

00 NOV 13 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089814

1. Corporation Name

BANYAN REAL ESTATE INC.

Principal Place of Business

5414 GEORGIA AVE.
WEST PALM BEACH FL 33405

Mailing Address

5414 GEORGIA AVE.
WEST PALM BEACH FL 33405

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1995

5. FEI Number

65-0620000

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	4 City / State / Zip
D	KENDALL, GARY D	5414 GEORGIA AVE.	WEST PALM BEACH FL 33405
P	KENDALL, GARY D	5414 GEORGIA AVENUE	WEST PALM BEACH FL 33405

REINSTATEMENT

100003488561--5
-12/06/00--01009--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KENDALL, GARY D
5414 GEORGIA AVE.
WEST PALM BEACH FL 33405

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

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

GARY D. KENDALL
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/10/00

11. 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:

GARY D. KENDALL
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY D. KENDALL, PRESIDENT

11/10/00

Date

561-719-8475

Daytime Phone #

CR2E040 (8/00)