

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 19 AM 9:47

DOCUMENT # P97000001570

1. Corporation Name

BANYAN TREE PRODUCE INC

200013167912
02/27/03--01046--025 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

329 NW 27TH AVE

3. Mailing Office Address

329 NW 27TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/99

5. FEI Number

65-0740839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD D. JESUS

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

3121 SW 14 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE,

State
FL

Zip Code
33312

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 02/05/03

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
PRES	JOAN C. JESUS	648 SW 131 TERR	DAVIE, FL 33325
SEC	RICHARD D. JESUS	3121 SW 14 STREET	FORT LAUDERDALE, FL 33312

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 under section 118.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

954 587 5786

Daytime Phone #

2/19/03
ad