

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023128

1. Corporation Name

Banks Enterprises Inc

2. Principal Office Address - No P.O. Box #

158 Martin Circle

Suite, Apt. #, etc.

3. Mailing Office Address

158 Martin Circle

Suite, Apt. #, etc.

City & State

Royal Palm Beach Fl

City & State

Royal Palm Beach Fl

Zip

33411

Country

USA

Zip

33411

Country

USA

7. Name and Address of Current Registered Agent

Name

Richard B Wiggins III

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

158 Martin Circle

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

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

Richard B Wiggins III

REGISTERED AGENT MUST SIGN

Date **3/27/08**

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
CEO	Gordon R Banks Jr	158 martin circle	Royal Palm Beach Fl 33411

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:

Gordon R Banks Jr

Gordon R Banks Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08

Date

561 202-5783

Daytime Phone #

FILED

08 MAY 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

500130447765

05/30/08--01004--026 **2258.75

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/97

5. FEI Number

n/a

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.