

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 25 AM 10: 54

\$3 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008049408--3
-09/26/02--01035--026
****300.00 ****300.00

DOCUMENT # **P 980000 20250**

1. Corporation Name

BANA INC

2. Principal Office Address

TR

6705 N. ORANGE Blossom

Suite, Apt. #, etc.

3. Mailing Office Address

8955 Wymore Rd

Suite, Apt. #, etc.

1935A

City & State

ORLANDO FL

City & State

Altamonte Springs FL

Zip

32810

Country

USA

Zip

32714

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

\$ 300.00

7. Name and Address of Current Registered Agent

Name

DILSHAD MAHER ALI

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

895 S. WYMORE RD

Suite, Apt. #, Etc.

1935 A

City

Altamonte Springs

State

FL

Zip Code

32714

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**

Dilshad Ali

REGISTERED AGENT MUST SIGN.

Date **9-20-02**

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
PD	DILSHAD MAHER ALI	895 S Wymore Rd	Altamonte Springs FL 32714

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 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:

Dilshad Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

9.20.02

Daytime Phone #

CR2E081 (9/01)

7/9/02