

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S61701

1. Corporation Name

BRANCH BANCO INC.

Principal Place of Business

4131 UNIVERSITY BLVD. S.
BLDG. 14
JACKSONVILLE FL 32217

Mailing Address

4131 UNIVERSITY BLVD. S.
BLDG. 14
JACKSONVILLE FL 32217

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1991

5. FEI Number

59-3077665

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	ROBINSON, WILLIAM	3617 CATHEDRAL OAKS PL. S.	JACKSONVILLE FL 32217
			700003810847--1 -03/08/01--01002--001 ***1050.00 ***1050.00

REINSTATEMENT 99-01-78

8. Name and Address of Current Registered Agent

ROBINSON, WILLIAM
3617 CATHEDRAL OAKS PL. S.
JACKSONVILLE FL 32217

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

William Robinson
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 02/21/01

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.

(904) 736-3024

SIGNATURE:

William Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/01

Date Daytime Phone #

William Robinson