

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 20 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S61701
1. Corporation Name
Branch Banco Incorporated

2. Principal Office Address
4131 University Blvd. South

3. Mailing Office Address

Suite, Apt. #, etc.
Bldg. #14

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State

Zip
32216

Country
U.S.A.

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **S61701...6/91**

5. EEI Number
59-3077665

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **William Robinson**

Street Address (P.O. Box Number is Not Acceptable) **4056 River Valley Road South**

Suite, Apt. #, Etc.

City **Jacksonville**

State
FL

Zip Code **32277**

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

William Robinson

Date **10/31/06**

REGISTERED AGENT MUST SIGN

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
C.E.O.	William Robinson	4056 River Valley Road South	Jacksonville Florida 32277

400081474864
11/02/06 01037-001 **750.00

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:

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

10/31/06
Date

Daytime Phone #

K. Eckel NOV 20 2006