

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53290

1. Corporation Name

BANKENGINE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

725 PORT ST. LUCIE BLVD.
STE. 201
PORT ST. LUCIE FL 34984
OC725 PORT ST. LUCIE BLVD.
STE. 201
PORT ST. LUCIE FL 34984
OC

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

07/27/1992

5. FEI Number

59-3134518

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GOHIR, MOHAMMED SAFDA	1 WILTON STREET	BRADFORD, UK, BD5 OAX
DP	HASHMI, MAHMOND	1 WILTON STREET	BRADFORD, UK, BD5 OAX
DS	AHMED, MAHBOOB	1 WILTON STREET	BRADFORD, UK, BD5 OAX
DPS	BAROUGH, HENRY	6625 SANTANA	CORAL GABLES FL 33134

REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

100004659161-5

-10/18/01 Zip 01052-0118

****FL 00 ****750.00

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.

C T Corporation System

Signature of
Registered Agent

Anne Boutilier

Anne Boutilier

Date 10/17/01

Assistant Secretary

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.

SIGNATURE:

MAHMOND HASHMI OCT. 16 2001

416-860-9378