2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000008836

1. Entity Name
BANNER HOLDING CORP.

FILED
05 JUN -1 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05262005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
120 N. U.S. ONE #100 TEQUESTA, FL 33469 US	120 N. U.S. ONE #100 TEQUESTA, FL 33469 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HUNTINGTON, NY
Zip / Country	Zip: 11743 / Country

4. FEI Number: 65-0826550 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVACHE, VICKI J 120 N U S ONE #100 TEQUESTA, FL 33469	Name: JIM SHAW c/o RICHARD MELIUS Street Address (P.O. Box Number is Not Acceptable): 4910 GENESIS AVE City: HOLIDAY FL Zip Code: 34690

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ REINSTATEMENT 04-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT ☑ Delete	TITLE	P ☑ Change ☐ Addition
NAME	O'KEEFE, JOHN SR	NAME	RICHARD MELIUS
STREET ADDRESS	120 N. U.S. ONE STE 100	STREET ADDRESS	38 HARTMAN HILL RD.
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	HUNTINGTON, N.Y. 11743
TITLE	S ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LAVACHE, VICKI J	NAME	400055594694
STREET ADDRESS	120 N U.S. ONE SUITE 100	STREET ADDRESS	06/02/05--01005--001 **300.00
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/24/05 631-367-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #