

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99A
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 25 PM 4:26

DOCUMENT # **S37436**

1. Corporation Name
BUY IT REALTY, INC.

Principal Place of Business Mailing Address

4491 STIRLING ROAD 5940 SW 37A
 SUITE#101B SUITE#101B
 FT LAUDERDALE FL 33314 FT. LAUDERDALE FL 3312
 US US



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

2. Principal Office Address, If Applicable
 Suite, Apt #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
5940 SW 37 Ave.
 Suite, Apt. #, etc.
 City & State
Ft. Lauderdale, FL
 Zip Country
33312 USA

4. Date Incorporated or Qualified To Do Business in Florida **03/13/1991**

5. FEI Number **65-0249514** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BEN-HAMU, EVELYN	5940 S W 37TH AVE	FT LAUDERDALE FL 33312
			200003033132-4 -11/02/99--01101--003 ***150.00 ***150.00
			<i>BH</i>

8. Name and Address of Current Registered Agent

CHAMES, DEBORAH S ESO
 121 S E FIRST STREET
 SUITE 600
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **Evelyn Benhamu**
 Street Address (P.O. Box Number is Not Acceptable) **5940 SW 37 Ave.**
 Suite, Apt. #, Etc.
 City **Ft. Lauderdale** State **FL** Zip Code **33312**

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 *X Benhamu* Date **10/19/99**
 REGISTERED AGENT MUST SIGN

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: *X Benhamu* **Evelyn Benhamu** **10/19/99** **954-983-7044**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)