


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 210421		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 19 AM 10:20	
1. Corporation Name BUYER FINANCE CORP			
Principal Place of Business 2199 N W 36TH ST P. O. BOX 420949 MIAMI FL 33142		Mailing Address 2199 N W 36TH ST P. O. BOX 420949 MIAMI FL 33142	
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 03/10/1958	
		5. FEI Number 59-0828401	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	FRIED, JACK	2291 NW 36TH STREET	MIAMI FL
D	ECHTENTHAL, KENYE	2291 N.W. 36TH STREET	MIAMI, F;
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRIED, JACK 2199 NW 36 STREET MIAMI FL 33412		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 <i>Jack Fried</i> REGISTERED AGENT MUST SIGN		Date 10/11/99	
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: <i>JACK FRIED</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/11/99 Daytime Phone # 305 633-0555	