

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 23 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

F45671

1 Corporation Name

CAPITAL HOME BUYERS, INC.

Principal Place of Business

**1600 WEST SUNRISE BLVD
FORT LAUDERDALE, FL. 33311**

Mailing Address

**1600 WEST SUNRISE BLVD
FORT LAUDERDALE, FL. 33311**

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

REINSTATEMENT *P6aw*
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

SEPTEMBER 3, 1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2189004

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	GORDON MARSH	1600 WEST SUNRISE BLVD	FT. LAUDERDALE, FL. 33311
			200002038382--2 -12/26/96--01035--008 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORDON MARSH 1600 WEST SUNRISE BOULEVARD FORT LAUDERDALE, FLORIDA 33311		Name SCOTT EVAN MARSH Street Address (P.O. Box Number Is Not Acceptable) 1600 WEST SUNRISE BOULEVARD Suite, Apt. #, Etc. City FORT LAUDERDALE State FL Zip Code 33311	
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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

Scott Marsh

REGISTERED AGENT MUST SIGN

Date *12/12/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 607.0-01 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:

Scott Marsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/96 954-462-6222

Date Daytime Phone #

CFR25040 (12/95)