

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
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.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	SEPTEMBER 3, 1981
City & State	City & State	5. FEI Number
Zip	Country	Applied For 59-2189004
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$6.75* 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

8. Name and Address of Current Registered Agent

GORDON MARSH
1600 WEST SUNRISE BOULEVARD
FORT LAUDERDALE, FLORIDA 33311

9. Name and Address of New Registered Agent

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

000002038382--2
-12/26/86-01035-008
****375.00 ****375.00

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.

Signature of
Registered Agent
Gordon Marsh

Date *12/10/86*

REGISTERED AGENT MUST SIGN

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 607.0101 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: *Gordon Marsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/86 954-462-6222
Date Daytime Phone #