

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 4:32

DOCUMENT # P00000021585

1. Corporation Name

MY HOMEBUYER, INC.

Principal Place of Business

13245 ATLANTIC BOULEVARD
SUITE 4191
JACKSONVILLE FL 32225

Mailing Address

13245 ATLANTIC BOULEVARD
SUITE 4191
JACKSONVILLE FL 32225

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ELATY, JOSEPH	13245 ATLANTIC BOULEVARD SUITE 4	JACKSONVILLE FL 32225

000004698400-1
-11/29/01--01052--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/22/01

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 220-8887

10/22/01

CR2E040 (8/01)

Joey Elaty
My Homebuyer, Inc.
13245 Atlantic Boulevard, Suite 4191
Jacksonville, FL 32225

October 22, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Sent By: U.S. Mail

Re: My Homebuyer, Inc.

Dear Sir or Madam:

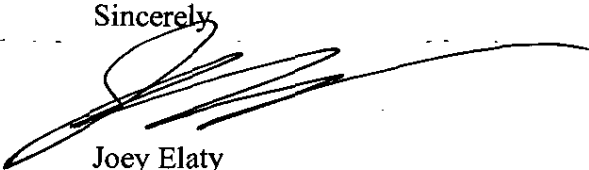
I am enclosing the Application for Reinstatement for the aforementioned corporation along with a check for \$150.00 payable to the Department of State.

The Reinstatement Application sent to My Homebuyer, Inc. was the only correspondence that I received from the Florida Department of State. I never received a 2001 Uniform Business Report nor did I receive any late notice. Perhaps the U.S. Postal Service has delivered some of my mail to the incorrect address.

It is respectfully requested that the penalty be waived.

If you have any questions, please contact me.

Sincerely



Joey Elaty
President