PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR CAREINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000022793

1. Corporation Name

I BUY HOUSES, INC.

Mailing Address

P.O. BOX 306 PALMETTO EL 34220

Principal Place of Business

P.O. BOX 306 PALMETTO FL 34220 04 FEB 17 PM 1:06

SECRETARY OF STATE IALLAHASSIET FLORIDA

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					dress, If Applicable	4 Date Incorr	porated or Qualified		
New Principal Office Address, If Applicable 3. New Mail				ing office / toda coo, it / ippiloable		Date Incorporated or Qualified To Do Business in Florida 02/28/2000			
Suite, Apt. #, etc.				, etc.		5		- T-1	
City & Ct+t			Gir. 8 Girls	and the second of the second o		5. FEI Numbe	65-0990283	Applied (o)	
City & State City & State							00 0000200	Not Applicable	
-Zip		*Country	Zip		Country	6.	E OF STATUS DESIRED \$8.	75 Additional Fee required	
•					-	CERTIFICAT	E OF STATUS DESIRED L	or a Certificate of Status	
7. Names	and Street Add	dresses of Each Officer and/	or Director (Flo	rida nonprofi	it corporations must list at le	ast 3 directors)			
		Name of Officers			Street Address of Each				
Title(s) 1	2	and/or Directors		3	Officer and/or Directo	r ,	4 City/Si	ate / Zip	
DOTO	OUDA: BDI			5407 DAL	METTO BOINT DD		DALMETTO EL 24221		
PSID	PSTD CHEW, BRIAN C			5107 PAL	5107 PALMETTO POINT DR		PALMETTO FL 34221		
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						02/04/	/0401010013	##(5U.UU	
	β Nam	e and Address of Current	Decistered Ac	ent		Name and Address of New Registered Agent			
		e and Address of Current	riegistered Ag		Name -	_Name			
Augu.						man and the second seco			
	, BRIAN C				Street Address (Street Address (P.O. Box Number is Not Acceptable)			
	PALMETTO P								
PALMETTO: FL: 34221					Suite, Apt. #, Etc.				
					City		State	Zip Code	
					Oity		FL		
10 1 boins	a appointed the	o registered agent of the abo	wa namad cara	oration am f	amiliar with and accent the	abligations of Sec	tion 607.0505, F.S. or 617.050		
TO. 1, Delit	y appointed the	e registered agent of the abt	ove named corp	oralion, am r	aminar with and accept the C	oongations of Sec		0,1.0.	
		2007/5000 4							
Signature of Registered	of 🕓 I Agent	スシー	4		•		Date 1-20-	94	
, logistico		R	EGISTERED A	GENT MUST	SIGN				
11 00#4	, that I am an a	officer or director or the seco	iver or trustee o	mnowered to	evecute this application on	provided for in ah	napter 607 or 617, F.S. I furthe	r certify that when filling	
ii. i cerany	y urau raman (Suice of disertor of the tece	ivei oi ilusiee e	mpowered (C	evecure mus abblication as	Provided for it ti	rapios dor or our, i.o. i luttre	comy man whom ming	

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