


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED
04 FEB 17 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022793

1. Corporation Name

I BUY HOUSES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 306
PALMETTO FL 34220

P.O. BOX 306
PALMETTO FL 34220

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

02/28/2000

5. FEI Number

65-0990283

Applied For

Not Applicable

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	4 City / State / Zip
PSTD	CHEW, BRIAN C	5107 PALMETTO POINT DR	PALMETTO FL 34221

800028174118

02/04/04--01010--019 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHEW, BRIAN C
5107 PALMETTO POINT DR
PALMETTO FL 34221

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

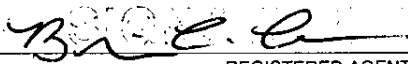
State

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. or 617.0505, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 1-20-04

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:



Brian C. Chew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 (941) 723-6674

Date

Daytime Phone #

CR2E040 (7/03)