

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000022793

1. Entity Name
I BUY HOUSES, INC.



FILED

06 FEB -3 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**P.O. BOX 306
PALMETTO, FL 34220**

Mailing Address
**P.O. BOX 306
PALMETTO, FL 34220**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



4. FEI Number
65-0990283

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHEW, BRIAN C
5107 PALMETTO POINT DR
PALMETTO, FL 34221**

7. Name and Address of New Registered Agent
Name **Charles O. Fulks**
Street Address (P.O. Box Number is Not Acceptable)
Fulks Tax - Acctg
5823 21st St W.
City **Bradenton** FL Zip Code **34207**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles O. Fulks* DATE **12/15/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CHEW, BRIAN C 5107 PALMETTO POINT DR PALMETTO, FL 34221 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian C. Chew* **1-11-06** **941-723-6674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #