

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 DEC 24 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087933

1. Corporation Name

BUFFALO HOMES, INC.

Principal Place of Business

Mailing Address

7610 BARRY RD.  
TAMPA FL 33615

7610 BARRY RD.  
TAMPA FL 33615

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

7819 N DALE HAVEN

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

TAMPA FL

City & State

Zip 33614

Country Hills.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2000

5. FEI Number

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CUBILLOS, GERMAN	7610 BARRY RD.	TAMPA FL 33615
V	CUBILLOS, HERMAN HERNANDO	7610 BARRY RD.	TAMPA FL 33615
S	CUBILLOS, MERCEDES	7610 BARRY RD.	TAMPA FL 33615
T	CUBILLOS, HENRY	7610 BARRY RD.	TAMPA FL 33615
D	CUBILLOS, WILLIAM	7610 BARRY RD	TAMPA, FL 33615
D	CUBILLOS, OSVALDO	7610 BARRY RD	TAMPA, FL 33615

8. Name and Address of Current Registered Agent

CUBILLOS, GERMAN  
7610 BARRY RD.  
TAMPA FL 33615

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

3000004769783-1

-01/11/02--01059--012

\*\*\*\*750.00 \*\*\*\*750.00

State Zip Code

FL

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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 #

10-2300 (813) 933-1253

CR2E040 (8/01)