

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000039760

FILED  
Sep 30, 2005  
Secretary of State

Entity Name: BUY OWNER INVESTMENT INC.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD - STE 606  
MIAMI, FL 33134

**New Principal Place of Business:**

5043 SW 71ST PLACE  
MIAMI, FL 33155

**Current Mailing Address:**

901 PONCE DE LEON BLVD - STE 606  
MIAMI, FL 33134

**New Mailing Address:**

5043 SW 71ST PLACE  
MIAMI, FL 33155

FEI Number: 65-1106377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAMUR, VILMA  
901 PONCE DE LEON BLVD - STE 606  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: VILMA SAMUR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RODRIGUEZ, GLORIA  
Address: 901 PONCE DE LEON BLVD - STE 606  
City-St-Zip: MIAMI, FL 33134

Title: VD ( ) Delete  
Name: SAMUR, VILMA  
Address: 901 PONCE DE LEON BLVD - STE 606  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILMA SAMUR

Electronic Signature of Signing Officer or Director

P

09/30/2005

Date