

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000039760

1. Corporation Name

Buy Owner Investment, Inc.
4957 SW 71 Place
Miami, FL 33155

2. Principal Office Address

4957 SW 71 Place

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

3. Mailing Office Address

4957 SW 71 Place

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

REINSTATEMENT 2003

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/19/2001

5. FEI Number

165-1106377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vilma Samur

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

4957 SW 71 Place 100024510361

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Vilma Samur

Date 10-30-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Gloria Rodriguez	4957 SW 71 Place	Miami, FL 33155
VD	Vilma Samur	4957 SW 71 Place	Miami, FL 33155

10. 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

10-30-03

Date

Daytime Phone #

CR2E081 (10/02)