

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:09

DOCUMENT # P01000041010

1. Corporation Name

SELLERS & BUYERS ADVANTAGE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500008837805  
11/06/02--01137--023 \*\*150.00

Principal Place of Business

11214 PINES BLVD.  
SUITE 106  
PEMBROKE PINES FL 33026

Mailing Address

11214 PINES BLVD.  
SUITE 106  
PEMBROKE PINES FL 33026

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/2001

5. FEI Number

65-1107467

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
D	FALLOON-REID, OLIVER M	2261 SHERMAN CIRCLE #308	MIRAMAR FL 33025

8. Name and Address of Current Registered Agent

FALLOON-REID, OLIVER M  
2261 SHERMAN CIRCLE #308  
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

Name

FALLOON-REID, OLIVER M

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

1357 NW 123RD TERRACE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33026

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 10/30/02

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 #

(954) 662-8732

CR2E040 (8/02)

**SELLERS AND BUYERS ADVANTAGE, INC.**  
**11214 PINES BOULEVARD, SUITE 106, PEMBROKE PINES, FL 33026**

October 30, 2002

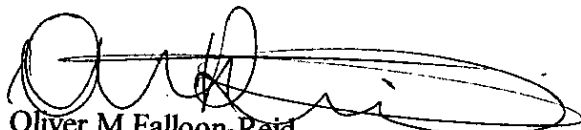
Dear Sir or Madam:

**RE: Notice of Administrative Dissolution or Revocation**

We regret the lack of a timely filing of the required Uniform Business Report. Our company did not receive any of the two prior notices to renew.

We would like to have our company returned to an active status. Please find herewith the application for reinstatement and a check in the amount of \$150.00.

Sincerely,

  
Oliver M Falloon-Reid  
Director