


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**  
06 JUN 22 PM 2:40  
SECRET  
TALLAHASSEE FLORIDA

**DOCUMENT # P93000083789**

1. Corporation Name

**Buyers Realty & Investment Services, Inc.**

2. Principal Office Address

**6101 S Flagler Dr.**

Suite, Apt. #, etc.

City & State

**W. Palm Beach, FL**

Zip  
**33405**

Country

**USA**

3. Mailing Office Address

**6101 S Flagler Dr.**

Suite, Apt. #, etc.

City & State

**W. Palm Beach, FL**

Zip  
**33405**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/08/1993**

5. FEI Number

**650455897**

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

**Joe A. Baker, Jr**

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

**6101 S Flagler Dr.**

Suite, Apt. #, Etc.

City

**W. Palm Beach, FL**

State

**FL**

Zip Code

**33405**

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

**REGISTERED AGENT MUST SIGN**

Date

**6/19/06**

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
Pres	Joe A. Baker, Jr	6101 S Flagler Dr.	W. Palm Beach, FL 33405

**400077159784**  
**07/07/06--01052--013 \*\*450.00**

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 contained in Chapter 119, 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**

**JOE A. BAKER, JR.**

Date

**6/19/06 561-774-0909**

Daytime Phone #

To: Florida Department of State  
Corporation Reinstatement

6/19/06

RE: Letter of Non Receipt of Annual Report Notice  
Document # P93000083789

This letter is to inform you that I did not receive the Annual Report Notice for the years 2004, 2005 and 2006. My address changed and although I notified the Department of this change I did not receive at my correct address. As a result I am reinstating with the attached reinstatement form and am including only the Annual Report Fee and Corporate Supplemental Fee for the years 2004, 2005 and 2006. Thanks you for you assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe A. Baker', with a long horizontal flourish extending to the right.

Joe A. Baker