

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #P91000000475

1. Corporation Name  
RESULTS Homebuyers of Melbourne, Inc.

W98-21849

FILED

98 OCT -1 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8940 S. TROPICAL TRAIL  
MERRITT ISLAND, FL  
32952

Mailing Address  
P.O. BOX 360983  
MELB, FL 32936-0983

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

2. New Principal Office Address, If Applicable  
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable  
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/96

5. FEI Number

59-3353224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 97-98

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/CEO	Joseph A. Souza	SAME AS ABOVE	
			200002659772--2 -10/08/98--01098--010 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

Joseph A Souza  
P.O. BOX 360983  
Melbourne, FL 32936-0983

9. Name and Address of New Registered Agent

Name Joseph A Souza  
Street Address (P.O. Box Number is Not Acceptable)  
8940 S. TROPICAL TRAIL  
Suite, Apt. #, Etc.  
City Merritt Island State FL Zip Code 32952

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

Joseph A Souza

REGISTERED AGENT MUST SIGN

Date 9/19/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: Joseph A Souza JOSEPH A. SOUZA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/98 407-259-6038  
Date Daytime Phone #

407-773-5360

CR20040 (1/2/96)