PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 13 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069543

MULTIBUYERS INC

Mailing Address

9601 E TREASURE DR # 1406
NORTH BAY VILLAGE FL 33141

1 97-99 A.R.

If any information is incorrect in any way, line through incorrect information and enter correction below.

2. Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1996

5. FEI Number: APPLIED FOR | Not Applicable

6. CERTIFICATE OF STATUS is Needed ☐

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

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City - State - Zip
PD VEGA, PAULA A	9601 E TREASURE DR # 1406	NORTH BAY VILLAGE FL 33141

97-99 AR

700003019227--5
-10/20/99--01030--001
****450.00 ****450.00

8. Name and Address of Current Registered Agent

PAULA A. VEGA
9601 E. TREASURE DR. # 1406
NORTH BAY VILLAGE, FL. 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State | Zip Code | FL

700003019227--5
-10/20/99--01030--002
*****15.00 *****15.00

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: Paula A Vega — Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Paula A Vega — 10/05/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

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Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of $450.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with the corporation **MULTIBUYERS, INC**

Thank you for your courtesy in this matter.

Paula A Vega
PAULA A. VEGA
PRESIDENT