

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

99 APR 22 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA 1000024800

1. Corporation Name

A A Home Buyout, INC.

Principal Place of Business

Mailing Address

*1801 24th STREET
VERO BEACH, FL.
32960*

*P.O. Box 3463
VERO BEACH, FL.
32964*

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

2. New Principal Office Address If Applicable

3. New Mailing Office Address If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

04-99

4. Date Incorporated or Qualified To Do Business in Florida

3-20-97

5. FEI Number

65-0911315

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>PRST</i>	<i>LIBBY WISEMAN</i>	<i>3922 58th AVE</i>	<i>VERO BEACH, FL. 32966</i>

200002856692-3

04/29/99-01086-016

****808.75 ****808.75

8. Name and Address of Current Registered Agent

*RICHARD LAMB
1517 25th STREET
VERO BEACH, FL.
32960*

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/19/99

11. This corporation owes 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)(g), 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:

Libby Wiseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LIBBY WISEMAN

4/19/99

561778-0833

(Typed Name)

CRS2087 (12-98)