

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -4 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076621

1. Corporation Name

NATIONAL HOMEBUYER'S HELP CENTER REALTY INC.

Principal Place of Business

Mailing Address

210 UNIVERSITY DRIVE SUITE 206
CORAL SPRINGS FL 33071

210 UNIVERSITY DRIVE SUITE 206
CORAL SPRINGS FL 33071

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0864603

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	MIRANDA, NESTOR G	5128 N.W. 86 WAY	CORAL SPRINGS FL 33067
D	VILA, RAYMOND F	2621 NW 106 AVE	CORAL SPRINGS, FL 33065

REINSTATEMENT 99 11TS

400003046704--3
-11/17/99--01011--025
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRANDA, NESTOR G
5128 N.W. 86 WAY
CORAL SPRINGS FL 33067

Name
RAYMOND F. VILA
Street Address (P.O. Box Number is Not Acceptable)
2621 NW 106 AVENUE
Suite, Apt. #, Etc.
City
CORAL SPRINGS
State
FL
Zip Code
33065

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

Raymond F. Vila
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/2/99

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:

Raymond F. Vila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99 (954) 346-7008
Date Daytime Phone #