

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY 23 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004237

1. Corporation Name

MIAMI HOMEBUYERS, INC.

Principal Place of Business

Mailing Address

90 N.W. 39TH STREET
MIAMI FL 33127

90 N.W. 39TH STREET
MIAMI FL 33127

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

1602 A How Rd

1602 A How Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 379

Suite 379

City & State

City & State

Miami Beach Florida

Miami Beach Florida

Zip

Zip

33139

33139

Country

Country

USA

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1999

5. FEI Number

65-1025803

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ISZLER, CORD	90 N.W. 39TH STREET	MIAMI FL 33127
			900004432529--9 -06/20/01--01054--008 ****750.00 ****750.00 06/07/00 90004 020 \$ 150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISZLER, CORD
90 N.W. 39TH STREET
MIAMI FL 33127

Name

ISZLER, CORD

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

5/10/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/01

FAX

Daytime Phone #

305.572-0062

CR2E040 (8/00)