

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000055190

1. Corporation Name

Buy and Sell Properties Inc

2. Principal Office Address

12508 Clydesdale Ct.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

Hillsborough

3. Mailing Office Address

12508 Clydesdale Ct.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/1999

5. FEI Number

593582059

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank Visicaro

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

12340 Memorial Hwy T

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33635

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 2/22/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Richard D Incorvia	12508 Clydesdale Ct	Tampa FL 33626
VP	Debbie Visicaro	12340 Memorial Hwy	Tampa FL 33626

600069448746

04/04/06--01055--025 **600.00

10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/06

Daytime Phone #