

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99A
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 25 PM 4:26

DOCUMENT # **S37436**

1. Corporation Name
BUY IT REALTY, INC.

Principal Place of Business Mailing Address

4491 STIRLING ROAD 5940 SW 37A
 SUITE#101B SUITE#101B
 FT LAUDERDALE FL 33314 FT. LAUDERDALE FL 3312
 US US



If more addresses are 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		5940 SW 37 Ave.		03/13/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0249514	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
33312		USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	BEN-HAMU, EVELYN	5940 S W 37TH AVE	FT LAUDERDALE FL 33312
			200003033132-4 -11/02/99--01101--003 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CHAMES, DEBORAH S ESO 121 S E FIRST STREET SUITE 600 MIAMI FL 33131		Name Evelyn Benhamu Street Address (P.O. Box Number is Not Acceptable) 5940 SW 37 Ave. Suite, Apt. #, Etc. City Ft. Lauderdale State FL Zip Code 33312	

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 *X Benhamu* Date 10/19/99
 REGISTERED AGENT MUST SIGN

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: *X Benhamu* Evelyn Benhamu 10/19/99 954-983-7044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)