

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
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

4491 STIRLING ROAD  
SUITE#101B  
FT LAUDERDALE FL 33314  
US

Mailing Address

5940 SW 37A  
SUITE#101B  
FT. LAUDERDALE FL 3312  
US

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

2. Principal Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

5940 SW 37 Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/13/1991

5. FEI Number

65-0249514

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)

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

8/11/11

8. Name and Address of Current Registered Agent

CHAMES, DEBORAH S ESQ  
121 S E FIRST STREET  
SUITE 600  
MIAMI FL 33131

9. Name and Address of New Registered Agent

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

Evelyn Benhamu

REGISTERED AGENT MUST SIGN

Date

10/19/99

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: X

Evelyn Benhamu

Evelyn Benhamu

10/19/99

Date

954-983-7044

Daytime Phone #