2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCU	MENT # P02000023	3007	(Z.11)	FILED
1. Entity Name HUMBER, INC.				OF IMPORTANT
HOMBER	i, INC.	•		05 JAN 31 PM 12: 10
				_SECRETARY OF STATE
· '	Principal Place of Business Mailing Address			TALLAHASSEE, FLORIDA
5313 COLLINS AVENUE, UNIT 202 Miami Beach, Fl 33140 5313 Collins Avenue, 1 Miami Beach, Fl 33140				
MINNI DEACE	1, FL 33140	WIMMI DENGT, FE 331	40	
2.00	N (0)	1 a 44-95 a d docum		
٠.	Place of Business	3. Mailing Address 5445 COLLINS AVE		I IDANIAA IN DANG MAN BAN BAN BAN BAN BAN BAN BAN BAN BAN B
5445 COLLINS AVE Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 REIN-P CR2E098 (6/04) MP
BTH4		BTH4		7/10
City & State MIAMI BEACH. FI		City & State MIAMI BEACH, FL		4. FEI Number Applied For 56-2430489 Not Applied For
Zip	Country	Zip BEACH	Country	5. Certificate of Status Desired \$8.75 Additional
3314	USA	33140	USA	- Fee Hequired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
	NI, FRANCISCO H			RANCISCO H POIDOMANI
5313 COLLINS AVENUE, UNIT 202				44522 GOGETANASer ANECCOUNTED
MIAMI BEACH, Pt. 33140				
	/		City	BTH4 MIAMI BEACH FL Zip Code 33140
9. The above	ramed with submits this statement to	or the purpose of changing its		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE (DA POISONTHUL FRANCISCO H. (RESTIDENT)				
J. J	Sign to e, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	Ignature required when reinstalling) DATE
In accordance with a SO7 103/3)/h\ E.S. the				
FII	LE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10,	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PSTD	☐ Delete	TITLE	PSTD X Change Addition
NAME	POIDOMANI, FRANCISCO H		NAME	POIDOMANI, FRANCISCO H
STREET ADDRESS CITY-ST-ZIP	5445 COLLINS AVENUE #BTH-4 MIAMI BEACH, FL 33140	4	STREET ADDRESS CITY-ST-ZIP	S 5445 COLLINS AVE BTH4 Miami Beach, FL, 33140
TITLE	1111 1111 527 157 1,1 2 557 15	☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-7IP	S
TiTLE		Delete	TITLE	Change Addition
NAME		L Delete	NAME	LINCTATEMENIT
STREET ADDRESS			STREET ADDRESS	EINSTATEMENT 04-05
CITY-ST-ZIP			CITY-ST-ZIP	Character Charles
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	s
CHY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	s 400046294954 02/10/0501011008 **300.00
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	\ \ \\ \.	Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS	/		STREET ADDRESS	s
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director				
of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachmen with an address, with all other like empowered.				
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SIGNATURE: VINO TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Daytime Phone #				
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