


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000023007		
1. Entity Name HUMBER, INC.		

Principal Place of Business 5313 COLLINS AVENUE, UNIT 202 MIAMI BEACH, FL 33140	Mailing Address 5313 COLLINS AVENUE, UNIT 202 MIAMI BEACH, FL 33140
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2. Principal Place of Business 5445 COLLINS AVE Suite, Apt. #, etc. BTH4	3. Mailing Address 5445 COLLINS AVE Suite, Apt. #, etc. BTH4
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City & State MIAMI BEACH, FL Zip 3314	Country USA	City & State MIAMI BEACH, FL Zip 33140	Country USA
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01112005	REIN-P	CR2E098 (6/04)	<i>MRB</i>
4. FEI Number 56-2430489	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POIDOMANI, FRANCISCO H 5313 COLLINS AVENUE, UNIT 202 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name FRANCISCO H POIDOMANI Street Address (P.O. Box Number is Not Acceptable) 5445 COLLINS AVE UNIT BTH4 City MIAMI BEACH FL 33140	
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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 <i>Francisco H. Poidomani</i> Signature, type or printed name of registered agent and title if applicable.	DATE (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POIDOMANI, FRANCISCO H 5445 COLLINS AVENUE #BTH-4 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POIDOMANI, FRANCISCO H 5445 COLLINS AVE BTH4 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Francisco H. Poidomani</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	01/28/05 Date Daytime Phone #

FILED
05 JAN 31 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

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