

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 28 PM 6:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 627871

1. Corporation Name

HUME REAL ESTATE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

7800 RED ROAD  
STE. 131  
MIAMI FL 33143  
US

1000 PONCE  
DE LEON  
BLVD, SUITE 206, CORAL GABLES, FL.

7800 RED ROAD  
STE. 131  
MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

1000 PONCE DE LEON AVE

3. New Mailing Office Address, If Applicable

1000 PONCE DE LEON AVE

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1979

5. FEI Number

59-1977039

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HUME, DAVID CRANDALL	CORAL GABLES, FL.	MIAMI FL

500003034195-7  
-11/03/99--01074--006  
\*\*\*750.00 \*\*\*750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUME, DAVID C  
7800 RED ROAD  
STE. 131  
MIAMI FL 33143

1000 PONCE DE LEON BLVD  
206  
CORAL GABLES, FL. 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/22/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/99

305.666.3822