

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002377**

1. Corporation Name

HUMBLE BUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

~~101 COMANCHE TRAIL~~
~~WEST MONROE LA 71291~~
505 Palisade Rd.
Pensacola, Fl. 32504

~~101 COMANCHE TRAIL~~
~~WEST MONROE LA 71291~~
3602-A Cypress
West Monroe, La. 71291

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

2. Former Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

505 Palisade Rd.
 Suite, Apt. #, etc.

3602-A Cypress Street
 Suite, Apt. #, etc.

City & State:
Pensacola, Florida

City & State:
West Monroe, Louisiana

Zip
32504

Country
USA

Zip
71291

Country
USA

4. Date Incorporated or Qualified To Do Business In Florida

05/05/1997

5. FEI Number

72-1175893

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	HUMBLE, DALLAS D	101 COMANCHE TRAIL	WEST MONROE LA 71291
VS	HUMBLE, DIANNE	101 COMANCHE TRAIL	WEST MONROE LA 71291

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINGER, DEREK
505 PALISADE RD
PENSACOLA FL 32504

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/19/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11-15-99

Daytime Phone #

318-397-9680



FILED

99 NOV 22 PM 12: 36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2540 (8/99)

(318) 387-4321 RESIDENCE
(888) 777-9399 TOLL FREE
(318) 372-0677 MOBILE
WWW.JWCCPA.COM



JAMES W. CRAWFORD
CERTIFIED PUBLIC ACCOUNTANT
November 12, 1999

(318) 397-2299
FAX (318) 397-9627
3602-A CYPRESS ST.
WEST MONROE, LA 71291

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Humble Business Services, Inc.
3602-A Cypress Street
West Monroe, LA 71291
EIN: 72-1175893

Gentlemen,

The above referenced corporation was dissolved for not filing the annual report for 1999. All correspondence for this corporation was sent to an incorrect address and was not recieved by the corporations CPA.

Please excuse the fees for reinstatement and notice the address change that is inclosed on the reinstatement form.

I apologize for any inconvenience this matter may have caused. If I can be of any further assistance, feel free to contact me at the above address or telephone number.

Sincerely,

James W. Crawford
Certified Public Accountant

MEMBER:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SOCIETY OF LOUISIANA
CERTIFIED PUBLIC ACCOUNTANTS