

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G06625**

1. Corporation Name

Humir, Inc.

06 MAR 20 PM 4: 52

SECRET  
TALLAHASSEE, FLORIDA

2. Principal Office Address

PO Box 937

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034-0937

Country

US

3. Mailing Office Address

PO Box 607

Suite, Apt. #, etc.

City & State

Brunswick, GA

Zip

31521

Country

US

REINSTATEMENT 0406

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/1982

5. EEL Number

59-2241327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Wesley R. Poole

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

303 Centre St.

Suite, Apt. #, Etc.

Suite 200 Allan Bldg

City

Fernandina Beach

State

FL

Zip Code

32034

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Wesley R. Poole

REGISTERED AGENT MUST SIGN

Date 2/24/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Hugh K. Tollison Sr.	3106 B S. Fletcher Ave.	Fernandina Beach, FL 32034
STD	Jean Gordon	123 Linkside Drive	St. Simons Island GA 31522

800070456388  
04/14/05--01041--000 \*\*450.00

10. 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 contained in Chapter 119, 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

Jean Gordon

02/23/2006

Date

912-265-8543

Daytime Phone #