

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 14 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G79284**

1. Corporation Name
KATHERINE I. HUMMEL, P.A.

Principal Place of Business Mailing Address
1735 FLAMINGO DR. 1735 FLAMINGO DR.
ORLANDO FL 32803 ORLANDO FL 32803



REINSTATEMENT *96*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/18/1984	
City & State		City & State		5. FEI Number 50-2372711	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	HUMMEL, KATHERINE I.	1735 FLAMINGO DR	ORLANDO FL
TS	HUMMEL, MICHAEL G.	1735 FLAMINGO DR.	ORLANDO FL

100002009421--4
11/20/96 01027-026
###200.00 ###200.00

161-18-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HUMMEL, KATHERINE 1735 FLAMINGO DR. ORLANDO FL 32803		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		100002009421--4 11/20/96 01027-027 ###175.00 ###175.00 FL	

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 *Katherine Hummel* **SIGNATURE REQUIRED** Date **9-18-96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: *Katherine I. Hummel* **SIGNATURE REQUIRED** Date **9-18-96** **407-277-1942**
SIGNATURES AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR