

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000028751

1. Entity Name
HUMANICS PUBLISHING LLC



Principal Place of Business
12 SOUTH DIXIE HIGHWAY
SUITE 203
LAKE WORTH, FL 33460

Mailing Address
12 SOUTH DIXIE HIGHWAY
SUITE 203
LAKE WORTH, FL 33460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10232008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

58-2554583

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, GARY
12 SOUTH DIXIE HIGHWAY
SUITE 203
LAKE WORTH, FL 33460

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILSON, GARY
12 SOUTH DIXIE HIGHWAY
LAKE WORTH, FL 33460 ☐ Delete

TITLE
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☐ Change ☐ Addition
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SECRETARY OF STATE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/5/08

Date

800 874 8844

Daytime Phone #