

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L42897**

1. Corporation Name

DONNA HUMPHREY, INC.

FILED

98 JUL -7 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~9691 W. FORT ISLAND TRAIL
CRYSTAL RIVER FL 34429
US~~

Mailing Address

~~9691 W. FORT ISLAND TRAIL
CRYSTAL RIVER FL 34429
US~~

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

2. New Principal Office Address, If Applicable

~~LOCATION NOT RENTED YET~~

3. New Mailing Office Address, If Applicable

~~628 SOUTHWIND CIRCLE~~
~~Suite, Apt. #, etc.~~

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1989

5. FEI Number

59-2982694

Applied For

Not Applicable

City & State

City & State

~~NORTH PALM BEACH, FL~~

Zip #

Country

Zip

Country

~~33408~~

~~U.S.~~

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 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	HUMPHREY, DONNA L.	9691 W FORT ISLAND TRAIL	CRYSTAL RIVER FL
DP	HUMPHREY, DONNA L.	628 SOUTHWIND CIRCLE #5	NORTH PALM BEACH, FL 33408
			300002587493--1
			-07714798--01008--008
			***1058.75 ***1058.75
			90-1058 75
			7/7/98

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~HUMPHREY, DONNA L.
9691 W. FORT ISLAND TRAIL
CRYSTAL RIVER FL 34429~~

9. Name and Address of New Registered Agent

Name

~~HUMPHREY, DONNA L.~~

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

~~628 SOUTHWIND CIRCLE~~

Suite, Apt. #, Etc.

~~#5~~

City

~~NORTH PALM BEACH~~

State

~~FL~~

Zip Code

~~33408~~

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

Donna L. Humphrey

REGISTERED AGENT MUST SIGN

Date **JULY 3, 1998**

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)(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:

Donna L. Humphrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 3, 1998

Date

561-863-4620

Daytime Phone #

CR20040 (7/96)