2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L42897 1. Entity Name DONNA HUMPHREY, INC.	•		FILED
			04 DEC 29 PN 12: 49
Principal Place of Business	Mailing Address		
950 OLD DIXIE HWY UNIT 10	950 OLD DIXIE HWY Unit 10		SECRETARY OF LIAME
LAKE PARK, FL 33403 US	LAKE PARK, FL 33403	US	TALLAHASSEE, FLORIDA
2. Principal Place of Business	3. Mailing Address	ч	
798-A 10 TESTREET Suite, Apr. #, etc.	798-9 10 5 Suite, Apt. #, etc.	<u> </u>	PENDE LE CREESS (A/OZOZA
City & State LAKE PARK, FL	City & State LAKE PARK		
Zip 33403 Country DSA	^{Zip} 33403	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current I	·	None	7. Name and Address of New Registered Agent
HUMPHREY, DONNA L			PONNA LO HUMPHREY
950 OLD DIXIE HWY UNIT 10		Street Addr	ess (P.O. Box Number is Not Acceptable)
LAKE PARK, FL 33403	· ·	798	-A 10 TH STREET
		City /	TKE PARK FL Zip Code 33403
8. The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	egistered office or reg	pistered agent, or both, in the State of Florida. I am familiar with, and accept
Jan 19 1 - 41	m PHRFY	1	- The la unbalay
SIGNATURE Signature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature	required when reinstating? DATE
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.0		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD	☐ Delete		200000
NAME HUMPHREY, DONNA L STREET ADDRESS 950 OLD DIXIE HWY - UNIT 10		NAME I	NESTUENT HUMPHREY NONA L. HUMPHREY 198-A 10TH STREET
CITY-ST-ZIP LAKE PARK, FL 33403		CITY-ST-ZIP	AKE PARK, FLORIDA 33403
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADORESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Defete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADORESS	800043699998 12/29/0401037013 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Detete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS.		- STREET ADDRESS	
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	L Detate	NAME	100042073291
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP	10/21/0401054007 **708.75
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
indicated on this report or supplemental report is	true and accurate and that my owered to execute this report as	signature shall have	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR P	HINTED NAME OF SIGNING OFFICER OF	DONNA L	HUMPHREY 10/20/04 561-848-0065
			······································