

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000004

1. Corporation Name

HUMAN SERVICES FOUNDATION, INC.

FILED

03 OCT 17 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

BOWMAN & BOWMAN
1705 COLONIAL BLVD SUITE D-1
FORT MYERS FL 33907
US

BOWMAN & BOWMAN
1705 COLONIAL BLVD SUITE D-1
FORT MYERS FL 33907
US

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

01/01/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0389474

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCDONALD, WALTER	6553 HIGHLAND PINES CIRCLE	FORT MYERS FL
STD	BOWMAN, LARRY	1705 COLONIAL BLVD SUITE D-1	FORT MYERS FL 33907
T	SMITH, WILLIAM R ESQ	8191 COLLEGE PKWAY	FORT MYERS FL 33919
T	ROSE BOWMAN	1705 COLONIAL BLVD D-1	FT MYERS FL 33907
600023906436 10/17/03-01054-004 **236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, WILLIAM R ESQ
8191 COLLEGE PARKWAY
SUITE 20A
FORT MYERS FL 33919

Name

LARRY BOWMAN

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

1705 COLONIAL BLVD

Suite, Apt. #, Etc.

D-1

City

FT MYERS

State

FL

Zip Code

33907

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)