

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 8:00

DOCUMENT # P00000088794

1. Corporation Name

Humphries Construction Company, Inc.

REINSTATEMENT

03-04
MRB

2. Principal Office Address

3830 N US 27

3. Mailing Office Address

P.O. BOX 1116

Suite, Apt., etc.

Suite, Apt., etc.

City & State

Moore Haven FL

City & State

Moore Haven, FL

Zip

33471

Country

USA

Zip

33471

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-18-2000

5. FEI Number

651044698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ralph Elver

300034378913

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

461 South Main Street

05/10/04--01093--011 **150.75

Suite, Apt., Etc.

City

LaBelle

State
FL

Zip Code

33935

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ralph Elver

REGISTERED AGENT MUST SIGN

Date

4/14/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	George Humphries	3830 N. US 27	Moore Haven, FL 33471

10. 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)(f), 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:

George Humphries

George Humphries

Date

4/14/04

Daytime Phone #

863 946 0201

CR2E081 (01/04)