

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:03

DOCUMENT # P01000122203

1. Corporation Name

LAMONT HUMBER, P.A.

800009201258
11/25/02--01052--018--\$150.00

Principal Place of Business

5161 NORTHWEST 45TH AVENUE
COCONUT CREEK FL 33073

Mailing Address

5161 NORTHWEST 45TH AVENUE
COCONUT CREEK FL 33073

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/2001

5. FEI Number

26-0004844

Applied For

Not Applicable

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
PSTD	HUMBER, LAMONT	5161 NORTHWEST 45TH AVENUE	COCONUT CREEK FL 33073

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145~~

9. Name and Address of New Registered Agent

Name LAMONT HUMBER
Street Address (P.O. Box Number is Not Acceptable)
5161 NW 45th Ave
Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

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 REQUIRED~~

REGISTERED AGENT MUST SIGN

Date Nov 2 02

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 REQUIRED~~
Lamont Humber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 2 02

Daytime Phone #

CR2E040 (8/02)

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Lamont Humber, P.A.
5161 NW 45th Ave
Coconut Creek FL 33073

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RE: Reinstatement

To Whom it may concern:

I am writing to inform you that I did not receive the two prior uniform business report notices. I would like for my company to remain in the active status. Enclosed you will find a check for 150.00 and a completed reinstatement application. If there are any questions please feel free to contact me at 954-650-2373.

Thank you in advance



Lamont D. Humber
President