

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 29 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000041958

1. Corporation Name

Humps & Land of Broward County, Inc.

2. Principal Office Address

1617 NW 2nd Ave

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33444

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/1/03

5. FEI Number

65-1185913

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

Andrea G. Williams

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

1617 NW 2nd Ave

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

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

Date

REGISTERED AGENT MUST SIGN

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
PD	Andrea Williams	1617 NW 2nd Ave	Delray Beach FL 33444

200042317652
10/29/04--01059--022 **150.00

10/13

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)(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:

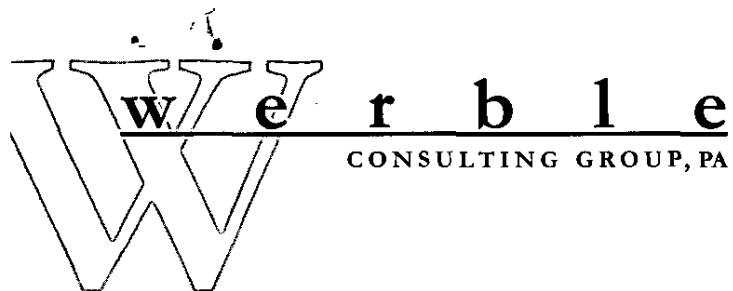
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 10-26-04 X 954-655-1323

CR2001 (01/04)



October 22, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Homes & Land of Broward County, Inc.
(Document #P03000041958)

To Whom It May Concern:

Please be advised that our client Homes & Land of Broward County, Inc. never received their 2004 Annual Report.

We are therefore respectfully requesting an abatement of any late penalties. Enclosed please find a check for \$150.00 to reinstate Homes & Land of Broward County, Inc. Thank you for your attention in this matter. If you have any questions please feel free to call my office at 954-581-0670.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven Werble'.

Steven Werble, CPA, CVA