

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000136147

1. Corporation Name

ROBERT HUMASON GREENHOUSE REPAIR, INC

2. Principal Office Address

32215 Thoroughbred Tr.

Suite, Apt. #, etc.

City & State

Sorrento, Fl.

Zip

32776

Country

Lake

3. Mailing Office Address

32215 Thoroughbred Tr.

Suite, Apt. #, etc.

City & State

Sorrento Fl.

Zip

32776

Country

Lake

**4. Date Incorporated or Qualified
To Do Business in Florida 09-30-2004**

5. FEI Number

04-3798219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

REINSTATEMENT 05-07

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Robert Humason

Date 2-7-07

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
owner	Robert Humason	32215 Thoroughbred Tr.	Sorrento, Fl. 32776
	Maria		

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 contained in Chapter 119, 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:

Robert Humason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

Date

352-551-7903

Daytime Phone #

TO Whom it may concern

I Robert Hemason never recieved this paper in 2005 to fill out. Sorry for any inconvenience. I called when I found out and was given the amount of \$450.00 to clear this up.

Thank you.

Robert Hemason