

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 AUG 26 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000014340 (0)

1. Corporation Name  
**Humphries Overhead Door Company**

Principal Place of Business Mailing Address  
**926 Skipper Ave 926 Skipper Ave**  
**Ft Walton Bch FL 32547 Ft Walton Bch FL 32547**

500002633215--0  
-03/04/98--01137--028  
\*\*\*\*900.00 \*\*\*\*900.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/21/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3294000	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	Ward, Harry R.	15 Carl Brandt Drive	Shalimar, FL 32579
D	Humphries, James R.	249 Dominica Circle	Niceville, FL 32578

*TS 8/28 REINSTATEMENT 97-98*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James R. Humphries 249 Dominica Cir Niceville, FL 32578		Name Harry R. Ward Street Address (P.O. Box Number is Not Acceptable) 15 Carl Brandt Drive Suite, Apt. #, Etc. City Shalimar State FL Zip Code 32579	

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.  
Signature of Registered Agent *Harry R Ward* REGISTERED AGENT MUST SIGN Date 8/20/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Harry R Ward* Harry R. Ward, VP 8/20/98 (850)862-3184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

86 (1) 06-20-98