

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 MAR 14 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068441

1. Corporation Name

PALMER-HUMPHREYS AND ASSOCIATES INC.

Principal Place of Business

Mailing Address

17121 NW 2ND COURT  
MIAMI FL 33169

17121 NW 2ND COURT  
MIAMI FL 33169



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

2. New Principal Office Address, If Applicable

3555 NW 74ST

3. New Mailing Office Address, If Applicable

3555 NW 74ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1995

5. FEI Number

65-0615079

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
D	PALMER, ROBERT	17121 NW 2ND COURT	MIAMI FL 33169
		3555 NW 74ST	MIAMI FL 33147
			03/16/01--01105--031
			***308.75 ***308.75
			REINSTATEMENT 2000-01
			MLW

8. Name and Address of Current Registered Agent

HUMPHREYS, RICHARD  
17121 NW 2ND COURT  
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

Robert N. Palmer

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

3555 NW 74ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3-12-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Palmer 3/12/01

Date

Daytime Phone #

(305)  
696-6767

CR2040 (8/00)