

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 5:05

DOCUMENT # P97000070781

1. Corporation Name

Hummelo USA, Inc

2. Principal Office Address

109 N. Kirkman Rd.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32811

Country

USA

3. Mailing Office Address

7826 Pine HAVEN CRT.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32819

Country

USA

REINSTATEMENT 00-01

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

8-7-1997

5. FEI Number

59-3461012

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

MARGO MARKVOORT

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

7826 Pine Haven CRT.

Suite, Apt. #, Etc.

Orlando FL 32819

City

200004679322-8

11/14/01-01086-01

***917.50 ***917.50

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 8-28-01

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
<u>pres</u>	<u>MARGO MARKVOORT</u>	<u>7826 Pine HAVEN CRT.</u>	<u>Orlando, FL 32819</u>

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

MARGO MARKVOORT

Date

8-28-01

Daytime Phone #

407-363-2040

CR2E081 (9/00)