

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:19

DOCUMENT # 596836

1. Corporation Name

John W. Humphries
D.M.D.

REINSTATEMENT 44-05

2. Principal Office Address

9458 Hwy ALT. A.I.A

Suite, Apt. #, etc.

City & State

West Palm Beach, Fla

3. Mailing Office Address

Box 33471, Palm Beach, FL

Suite, Apt. #, etc.

City & State

Palm Beach, Fla

Zip

33403

County

Palm Beach

Zip

33420

County

Palm Beach

100060298611

10/06/05--01040--007 **1973.75

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

1991

5. FEI Number

65-0295532

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

John W. Humphries

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

151 LAKESIDE DR.

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

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

John W. Humphries

REGISTERED AGENT MUST SIGN

Date

Oct 01, 05

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>President</u>	<u>John Humphries</u>	<u>151 LAKESIDE DR.</u>	<u>Jupiter FL 33458</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)(l), 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:

John W. Humphries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Humphries
Date

10/01/05

561 848 8586
Daytime Phone #

DR. JOHN W. HUMPHRIES D.M.D.
9458 ALT. A.1.A.
Palm Bch. Gardens, FL. 33403
561-848-8586
FAX: 561-848-8304

2 of 2

Dept. of State
Division of Corporations
To whom it
- may concern;

October 01, 2005

Re:
CORPORATION REINSTATEMENT
- address update -
DOC # 596836

I am no longer at the address in
your files for above corporation, please
correct.

I never received my annual corp.
report notice since 1999.

Please send all correspondence to
the above address.

Sincerely,
John W. Humphries