

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:19

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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.

3. Mailing Office Address  
Box 33471, P.O. Box, FL  
Suite, Apt. #, etc.

100060298611  
10/06/05--01040--007 \*\*1973.75  
CR2E081 (8/05)

City & State  
West Palm Beach, Fla

City & State  
Palm Beach, Fla

4. Date Incorporated or Qualified  
To Do Business in Florida 1991

5. FEI Number 65-0295532  
Applied For  Not Applicable

Zip 33403 County Palm Beach

Zip 33420 County Palm Beach

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 Date Oct 01, 05  
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
<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 John W. Humphries  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/01/05 Daytime Phone # 561 848 8586

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

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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