

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

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

100060298611

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

CR2E081 (8/05)

2. Principal Office Address

9458 Hwy ALT. A.I.A

Suite, Apt. #, etc.

3. Mailing Office Address

Box 33471, PB, FL

Suite, Apt. #, etc.

City & State

West Palm Beach, Fla

City & State

Palm Beach, Fla

Zip

33403

County

Palm Beach

Zip

33420

County

Palm Beach

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 LAKE SIDE 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
President	John Humphries	151 LAKE SIDE DR.	Jupiter FL 33458

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

10/01/05

Date

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

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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