

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 APR -9 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V25602

1. Corporation Name

Barbara Hummel, P.A.

2. Principal Office Address

7201 SW 108 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

7201 SW 108 Terr.

Suite, Apt. #, etc.

City & State

miami FL

City & State

Miami FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3-30-92

5. FEI Number

65-0317550

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

Barbara Hummel

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

7201 SW 108 Terr.

Suite, Apt. #, Etc.

City

miami FL

State

FL

Zip Code

33156

800005449258-4

-05/03/02--01021-006

\*\*\*1950.00 \*\*\*1950.00

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

Barbara Hummel

REGISTERED AGENT MUST SIGN

Date 04/05/02

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
P	Barbara Hummel	7201 SW 108 Terr.	miami, FL 33156

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:

Barbara Hummel

Barbara Hummel

04/05/02 (305)641-7303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/01)