

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **300786**

1. Corporation Name

HUNT ENTERPRISES, INC

Principal Place of Business

1224 E. LIME STREET
LAKELAND FL 33801

Mailing Address

1224 E. LIME STREET
LAKELAND FL 33801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1966

5. FEI Number

59-1112419

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D | HUNT, CHARLES N | 1502 HALLAM DRIVE | LAKELAND FL |
| PV | THROWER, JESSE M | 5605 LUTHER RD. | LAKELAND FL |
| D | HUNT, DORENE | 1502 HALLAM DRIVE | LAKELAND FL |
| | | | |
| | | | |
| | | | |
| | | | |

100023911091
10/17/03--01075--013 **150.00

8. Name and Address of Current Registered Agent

THROWER, JESSE M.
1224 EAST LIME STREET
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Jesse M. Thrower
REGISTERED AGENT MUST SIGN

Date 10/9/03

11. 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:

Jesse M. Thrower
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date

Daytime Phone #

CR2E040 (7/03)



TRUEBLOOD'S Colonial Printing

1224 East Lime Street
Lakeland, FL 33801

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10-09-2003

Dear Sirs,

Neither myself as registered agent and a director, nor any other officers or directors nor our accountant of record have received prior Uniform Business Report notices before receipt of this Administrative Dissolution or Revocation Notice enclosed.

Please fine the completeed from and a check in the amount of 150.00 as per filing directions.

Sincerely,

Jesse Thrower
Registered Agent
1224 east Lime Street
Lakeland, FL 33801