

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 APR 10 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 398996

1. Corporation Name  
GEORGE HUNT, INC.

2. Principal Office Address  
16210 U.S. HWY. 19

Suite, Apt. #, etc.

City & State  
HUDSON, FL

Zip 34667 Country USA

3. Mailing Office Address  
16210 U.S. HWY. 19

Suite, Apt. #, etc.

City & State  
HUDSON, FL

Zip 34667 Country USA

**REINSTATEMENT** *88-10*

4. Date Incorporated or Qualified To Do Business in Florida 4/11/72

5. FEI Number 59-1426256 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  
THOMAS S. HOGAN, JR.

Street Address (P.O. Box Number is Not Acceptable)  
20 S. BROAD ST.

Suite, Apt. #, Etc.

City BROOKSVILLE State FL Zip Code 34601

~~300003219473-7~~  
~~-04/24/00-01017-012~~  
~~\*\*\*4390.00 \*\*\*2199.00~~

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 *TH Hogan*  
REGISTERED AGENT MUST SIGN

Date 4/5/00

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 |
|------------|-----------------------------------|--|--------------------|
| D/P<br>S/T | BILL HUNT, JR.                    | 16210 U.S. HWY. 19                             | HUDSON, FL 34667   |
|            |                                   |  |                    |
|            |                                   |  |                    |
|            |                                   |  |                    |
|            |                                   |  |                    |
|            |                                   |  |                    |

*\$2,195.00*

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: *Bill Hunt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BILL HUNT, JR.

Date (352) 799-8423  
Daytime Phone #

**KE**

CR2E081 (9/99)