

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 22 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

300141731393
01/22/09--01002--008 **1050.00

CR2E081 (12/08)

DOCUMENT # 2175507

1. Corporation Name

HUNT'S UPHOLSTERY, INC.
1120 INTERNATIONAL SPEEDWAY BLVD.
DELAND, FL. 32724

2. Principal Office Address - No P.O. Box #

1120 INTERNATIONAL SPDWY
DELAND, FL. 32724

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DELAND, FL.

City & State

Zip

32724

Country

VOLUSIA

Zip

Country

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

12-21-1983

5. FEI Number

592355607

☐ 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
GERALD D. HUNT

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

1120 INTERNATIONAL SPDWY. BLVD

Suite, Apt. #, Etc.

City

DELAND

State
FL

Zip Code
32724

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gerald D. Hunt

REGISTERED AGENT MUST SIGN

Date 1-21-09

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
VP	LARRY A. HUNT	1316 E. CAROLINA AVE	DELAND, FL. 32724
PRES.	GERALD D. HUNT	1120 INTERNATIONAL SPDWY. BLVD	DELAND, FL. 32724

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-09