PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 JAN -4 AM 8: 26 **DOCUMENT#** SECRETARY OF STATE 1. Corporation Name Hunter Publishing lac TABLAHASSEE. FLORIDA Principal Place of Business Mailing Address 239 S. Deach Rd (same) Hobe Sound FL 33455 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 6/30/88 Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For City & State City & State 13-3284490 Not Applicable \$8.75 Additional Fee required Zip Country Żip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Michael Hunter 239 S. Beach Rd. nesylent Hobe Sound FL 33455 Katherine G. HUNTER (same) (same 400003099584--5 -01/14/00--01094--008 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Michael Hunter Name CR2E081 (12/98) 239 5, Beach Ad. Street Address (P.O. Box Number is Not Acceptable) Hobe Sound FL 33455 Suite, Apt. #, Etc. City State 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. Signature of Registered Agent Date 12/31/99 REGISTERED AGENT MUST SIGN This corporation owes the current year (See other side for information No 🗵 Yes 🔲 on intangible tax.) Intangible Personal Property Tax due June 30. 12. 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 filling 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. (Wichael Hunter SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO