

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000010578**

1. Corporation Name

D & R HUNTER, INC.

Principal Place of Business

**813 FRUITWOOD DRIVE
KISSIMMEE FL 34743**

Mailing Address

**813 FRUITWOOD DRIVE
KISSIMMEE FL 34743**

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

01/25/2000

5. FEI Number

59-3623343

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



**100023781301
10/14/03--01018--022 **150.00**

REINSTATEMENT

03

FILED

03 OCT 14 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HUNTER, DENNIS W	813 FRUITWOOD DRIVE	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

**HUNTER, DENNIS W
813 FRUITWOOD DRIVE
KISSIMMEE FL 34743**

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]

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10-9-03

Daytime Phone #

CR2E040 (7/03)

D & R Hunter, Inc.

Dennis Hunter
813 Fruitwood Dr.
Kissimmee, Fl 34743-8808
407-948-9700

October 8, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

The prior UBR notices were not received. I would truly appreciate all late fees and reinstatement fees be waived. Enclosed is a check for \$150.00 for the filing fee. I hope this matter can be resolved quickly. Thank you for your understanding.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis W. Hunter", with a long horizontal flourish extending to the right.

Dennis W. Hunter
President