

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 # P00000074892

1. Corporation Name

HUNTERPOINTE TECHNOLOGIES, INC.

Principal Place of Business

29718 EAGLE STATION DRIVE  
WESLEY CHAPEL FL 33543

Mailing Address

29718 EAGLE STATION DRIVE  
WESLEY CHAPEL FL 33543

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

2. New Principal Office Address, If Applicable

10103 NEWHAM WAY  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

← SAME

City & State

TAMPA FL.

City & State

Zip

33647

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/08/2000

5. FEI Number

59-3663948

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
PTD	FLOYD, PAUL D	29718 EAGLE STATION DRIVE	WESLEY CHAPEL FL 33543
SVD	RYAN, STEPHEN E	29718 EAGLE STATION DRIVE	WESLEY CHAPEL FL 33543

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Spiegel & Utrera P.A. ---

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

1840 Coral Way

Suite, Apt. #, Etc.

4th Floor

City

Miami, FL

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

11-11-03

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:

PAUL FLOYD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-11-2003

Daytime Phone #

813.765.9295

FILED  
03 NOV 14 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

300024706123  
11/14/03 01042 023 \*\*750.00

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