

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/14/03 01055-029 *35.00
192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 22 AM 8:00

DOCUMENT # P01000072175

1. Corporation Name

R. + R. Hunt, Inc

2. Principal Office Address

12415 Mondragon Dr

Suite, Apt. #, etc.

City & State

Tampa FL 33625

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03
TRD

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

5. FEI Number

59-5489120

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

Kathy L Cole

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

205 W. M. L. King Blvd. # 204

Suite, Apt. #, Etc.

Tampa, FL 33603

City

State
FL

Zip Code

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

Kathy L Cole

REGISTERED AGENT MUST SIGN

Date 12-14-2003

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
Dir.	Rhonda Hunt	12415 Mondragon Dr.	Tampa, Fla. 33625

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:

Rhonda Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

292

Division Of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

December 2, 2003

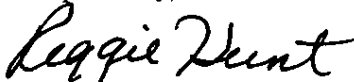
RE: R & R HUNT, INC.
#P01000072175

Dear Sir:

Please be advised that R & R Hunt, Inc did not receive the initial annual renewal notice.
Therefore, we are asking that you waive any additional fees at this time.

We are enclosing a check for \$150.00 in order the renew R & R Hunt, Inc.. If you have any
questions please call.

Respectfully,



Reggie Hunt
President