

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000049144

1. Entity Name
HITTING UNLIMITED CORPORATION



FILED

08 FEB 21 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

Principal Place of Business
1128 3RD AVENUE SOUTH
TIERRA VERDE, FL 33715

Mailing Address
1128 3RD AVENUE SOUTH
TIERRA VERDE, FL 33715

2. Principal Place of Business - No P.O. Box #
340 21ST AVE NE
Suite, Apt. #, etc.

3. Mailing Address
340 21ST AVE NE
Suite, Apt. #, etc.

City & State
St. Petersburg FL
Zip 33701 Country USA

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St. Petersburg FL
Zip 33701 Country USA

4. FEI Number
04-3654981
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALCUTT, PATRICK B
165 5TH AVENUE NE
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Patrick B. Calcutt* Patrick B. Calcutt 2/15/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, CHRIS
STREET ADDRESS 340 21ST AVENUE NE
CITY-ST-ZIP ST. PETERSBURG, FL 33704 ☐ Delete

TITLE STD
NAME WINKLE, PAUL
STREET ADDRESS 1128 3RD AVENUE SOUTH
CITY-ST-ZIP TIERRA VERDE, FL 33715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 600118543655 ☐ Change ☐ Addition
STREET ADDRESS 02/21/08--01029--014 ***308.75
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X *Chris Wilson* Chris Wilson 2/16/08 137-235-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/22