

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Aug 08, 2005 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000097619

1. Corporation Name

Hunter Yacht Services, Inc

W05-24507

2. Principal Office Address

101 Golf Club Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

Monroe

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/2002

5. FEI Number

51-0424443

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

Mary Beth Meyers CPA

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

3201 Flagler Avenue

Suite, Apt. #, Etc.

Suite 506

City

Key West FL

State

FL

Zip Code

33040

200058352592

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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

Mary Beth Meyers
REGISTERED AGENT MUST SIGN

Date April 30, 2005

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
<u>DPST</u>	<u>Luther Hunter</u>	<u>P.O. Box 4905</u>	<u>Key West FL 33041-4905</u>

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:

D.H. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05
Date

(305) 304-0930
Daytime Phone #