

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000134883

1. Corporation Name

Hunter Healthcare, Inc.

2. Principal Office Address

11522 W. Waterway Dr.

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34448

Country

USA

3. Mailing Office Address

11522 W. Waterway Dr.

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34448

Country

USA

REINSTATEMENT 03

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

12/24/02

5. FEI Number

05-0553984

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

Robert Lewis

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

11522 W. Waterway Dr.

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34448

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/01/03

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 |
|-------------------|--------------------------------------|---|---------------------|
| President | Gretchen Hunter | 11522 W. Waterway Dr. | Homosassa, FL 34448 |
| Vice President | Robert Lewis | 11522 W. Waterway Dr. | Homosassa, FL 34448 |
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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:

Gretchen E. Hunter
(Gretchen E. Hunter)

12/01/03

Date

(352) 628-9959

Daytime Phone #

CR2E081 (10/02)

December 1, 2003


Florida Department of State
Attn: Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sean:

This letter is to inform you that my corporation did not receive prior notices regarding the Uniform Business Report.

Enclosed is the original fee of \$150.00. Please contact me at (352) 628-9959 if you need further information.

Sincerely,


Gretchen E. Hunter, RN
President, Hunter Healthcare, Inc.