

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 AM 9:28

DOCUMENT # **PO 3000006781**

1. Corporation Name

Huki Corp.

2. Principal Office Address

205 N. BAY ST

Suite, Apt. #, etc.

City & State

BUNNELL FL

Zip

32110

Country

USA

3. Mailing Office Address

205 N BAY ST

Suite, Apt. #, etc.

City & State

BUNNELL FL

Zip

32110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-2003

5. FEI Number

290510325

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

Duane S. Sizemore

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

205 N BAY ST

Suite, Apt. #, Etc.

City

BUNNELL

State

FL

Zip Code

32110

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

Duane S. Sizemore
REGISTERED AGENT MUST SIGN

Date

3-7-06

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
PYST	Duane S Sizemore	205 N BAY ST	BUNNELL FL 32110

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 contained in Chapter 119, 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:

Duane S. Sizemore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-07-06

Daytime Phone #

3864374073

PS 25F2

Huki Corporation LLC
205 N. Bay Street
Bunnell, Fla. 32110
(888) 476-3485 ~ (386) 437-1244 Fax
E-Mail / sizemoreweld5@cfl.rr.com

March 8, 2006

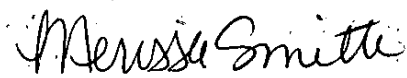
Division of Corporations
Reinstatement dept:

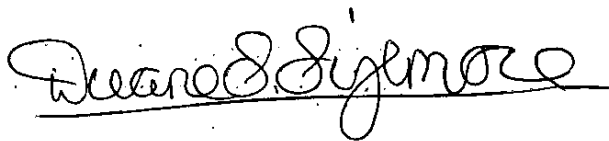
I recently called your office to see what steps needed to be taken to reinstate our corporate status. It was at this time that I learned that we had not received one of the forms sent by your office. That missing form was the letter requesting additional information for the 2004 annual report that we sent to your office. I believe you called it a collection request letter. Since we did not receive that letter, I was told to ask that the reinstatement fee be waived.

I have included a check from our attorney's office that should more than cover the back renewal fees bringing us up to date as long as the penalties can be waived. You will also find a Corporation reinstatement form with all the correct information for mailing address, registered agent, and officer. As long as all this information is updated we should be able to avoid future problems. If any additional forms or information is needed, please contact us. I really appreciate all of the help your office has provided.

The correct mailing address and principal office address should be:
205 North Bay Street Bunnell, FL 32110
Registered agent and officer should be: Duane Sizemore

Thank you in advance,


Merissa Smith
Administrative Assistant


President - Owner - Officer/Director
Huki Corp
3/31/06