

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 11 AM 8:00

MINIST OF STATE
ATLANTA, FLORIDA

DOCUMENT # P03000052947

1. Corporation Name

HUNT AUTO BODY & REPAIRS INC

2. Principal Office Address - No P.O. Box #

408 E. MATTIE ST

Suite, Apt. #, etc.

3. Mailing Office Address

408 E. MATTIE ST

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FLORIDA.

Zip

32773

Country

Senirole

Zip

32773

Country

Senirole

REINSTATEMENT

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

5-13-03

5. FEI Number

20-0021899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR
CERTIFICATE OF STATUS

7. Name and Address of Current Registered Agent

Name

PARSADYAL SUKHADIA

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

408 E. MATTIE ST

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Parsadyal Sukhadia

Date 6/1/07

REGISTERED AGENT MUST SIGN

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
(P) Owner	<u>PARSADYAL SUKHADIA</u>	<u>408 E. MATTIE ST</u>	<u>SANFORD FL 32773</u>
			<u>700104224297</u>
			<u>06/1/07--01048--007 **450.00</u>
	<u>7/6/12</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 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:

Parsadyal Sukhadia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/07 407.330.6161

Date Daytime Phone #