

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000086587

**FILED**  
**May 13, 2008**  
**Secretary of State**

**Entity Name:** HUNTER HAMMOCK FARMS, INC.

**Current Principal Place of Business:**

8205 NE 120TH STREET  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

8205 NE 120TH STREET  
OKEECHOBEE, FL 34974 US

**New Mailing Address:**

**FEI Number:** 20-0156778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISCHMAN, BRUCE D  
FISCHMAN, HARVEY & DUTTON, P.A.  
3050 BISCAYNE BLVD., SUITE 600  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

PEGRAM, STEPHNYE  
8205 NE 120TH STREET  
OKEECHOBEE, FL 34972 US

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.

SIGNATURE: STEPHNYE PEGRAM

05/13/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: PEGRAM, STEPHNYE  
Address: 8205 NE 120TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHNYE PEGRAM

PSTD

05/13/2008

Electronic Signature of Signing Officer or Director

Date