

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 SEP 25 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000070118

1. Corporation Name

**HUNTER INSTALLATION INC.**

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

3. Mailing Office Address

8472 Smith Creek Rd 8472 Smith Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TLH / FL

Tallahassee, FL

Zip

Country

Zip

Country

32310

32310

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number  
20-2827399

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

Justin Hunter

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

8472 Smith Creek Rd

Suite, Apt. #, Etc.

City

TLH

State

FL

Zip Code

32310

☒ 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

*Justin Hunter*

Date 9-25-07

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
<del>President</del> P	Justin Hunter	8472 Smith Creek Rd	TLH / FL / 32310
			000110061940 09/29/07--01055--022 **300.00

**REINSTATEMENT**

06-07-08

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:

*Justin Hunter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-07

Date

Daytime Phone #

Document corrected per Justin Hunter PLS