

SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 MAR -5 PM 2: 02

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000008547

1. Corporation Name

HUNTER'S SERVICES INC

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

907 NE 24TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

907 NE 24TH AVENUE

Suite, Apt. #, etc.

City & State

HALLANDALE BEACH, FL

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/2015

5. FET Number:

47-2972509

Apply

NOT A

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee
for a Certificate

7. Name and Address of Current Registered Agent

Name

MADALIN S VANATORU

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

907 NE 24TH AVENUE

Suite, Apt. #, Etc.

City

HALLANDALE BEACH

State

FL

Zip Code

33009

900325430449
02/26/19--01028--003 **500.0900325430449
02/26/19--01028--004 **500.0900325430449
02/26/19--01028--005 **200.0

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

X

REGISTERED AGENT MUST SIGN

Date

02/21/2019

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	MADALIN S VANATORU	907 NE 24TH AVENUE	HALLANDALE BEACH, FL
VP	NARCIS V VANATORU	907 NE 24TH AVENUE	HALLANDALE BEACH, FL
			MAR 05 2019
			D CUSHING

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2019

708-657-8594

Date

Daytime Phone