

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 JUL 18 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FL 32399
07/18/24 01553-010 **135.00

200433380822
07/18/24 01009-011 **500.00

DOCUMENT # P24000002474

1. Corporation Name

HUNTERS AUTO FIX INC

2. Principal Office Address - No P.O. Box #
3191 LA MIRAGE DR LAUDERHILL FL 33319

3. Mailing Office Address
3191 LA MIRAGE DR LAUDERHILL FL 33319

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
LAUDERHILL FL

City & State
LAUDERHILL FL

Zip Country
33319

Zip Country
33319

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2024

5. FEI Number

99-0774187

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
RANDALL J HUNTER

Street Address (P.O. Box Number is Not Acceptable)
3191 LA MIRAGE DR

Suite, Apt. #, Etc

City
LAUDERHILL

State
FL

Zip Code
33319

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

Randall J Hunter

Date **07/12/2024**

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
CEO/P	RANDALL J HUNTER	3191 LA MIRAGE DR	LAUDERHILL FL 33319
			BM 7/18/24

10. E-mail Address: ran.hunter93@outlook.com

(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 as 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:

Randall J Hunter

07/12/2024 305-317-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #