2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P24974

Name: HUNTER HOTEL COMPANY

HUNTER, CAROLYN C.,

DES MOINES, IA 50309

1000 WALNUT

Name:

Address:

City-St-Zip:

FILED Jun 14, 2007 Secretary of State

Entity Na	me: HUNTER	R HOTEL COMPANY			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
500 MANE CLEARW	DALAY ATER, FL 337	67			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 7230 1000 WALNUT DES MOINES, IA 50309			1000 WALNUT DES MOINES, IA 50309		
FEI Number	: 42-0864327	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NEIL MAY 500 MANE CLEARW		67 US			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: NEIL MA	YHEW			
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ASVD (HUNTER, JEFF 1000 WALNUT DES MOINES,		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VSD (HUNTER, DAN 1000 WALNUT DES MOINES,	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (HUNTER, EDW 1000 WALNUT DES MOINES,	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PTD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFF HUNTER VP 06/14/2007