

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000087368**

1. Corporation Name

HEDGEHUNTER SERVICES INC.

Principal Place of Business

6129 DEAN DAIRY ROAD
ZEPHYRHILLS FL 33541

Mailing Address

P.O. BOX 19
ZEPHYRHILLS FL 33539

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



700002343617--6

-11/10/97--01170--023

***750.00 ***750.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1993

5. FEI Number

59-3218868

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	AURIE, BRYAN L	6129 DEAN DAIRY ROAD	ZEPHYRHILLS FL
ST	BARCLAY, LISA	6129 DEAN DAIRY RD	ZEPHYRHILLS FL
P/S	AURIE, BRYAN T.	6129 DEAN DAIRY RD.	ZEPHYRHILLS, FL.

REINSTATEMENT '97

SCC 11-6-97

8. Name and Address of Current Registered Agent

PAULES, GREGORY
12421 N FLORIDA AVE
SUITE B-122
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

AURIE, BRYAN T.

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

6129 DEAN DAIRY ROAD

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

State

FL

Zip Code

33541

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bryan T. Aurie

REGISTERED AGENT MUST SIGN

Date

10/30/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Bryan T. Aurie

BRYAN T. AURIE

10/30/97

813-7807978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #