APPLICATION APPLICATION FOR REINSTATEMENT FOR REINSTATEMENT DOCUMENT # P94000037248 Societary of Size Mortham FORD REINSTATEMENT DOCUMENT # P94000037248 Mailing Adaboss 315 H94AAD St. MOUNT GOAR R. 29757 US W above addrosage are remission in very very the Brongle Individual Property Individual Proper		DIEAC	E DEAD A	LL INCT	DI ICTIONS		····	INC THE FO	NDM.		
DOCUMENT # P94000037248 1. Corporation Name HUNT'S END ENTERPRISES, INC. Making Address State Horaco State St	APPLICATION FOR Sandra B. Mortham Secretary of State						APPLOVU) JAND				
Packed Plank of Pisturines State	DIVISION OF CORPORATIONS						97 NOV 13 PM 4: 10				
## Showe addresses are incorrect in any way, fine through incorrect information and enter co-noction below. ## showe addresses are incorrect in any way, fine through incorrect information and enter co-noction below. ## New Principal Office Address, if Applicable A Date Incorporated or Custified C5/17/1994	1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. New Principal Office Address, If Applicable Sulfe, Apt. 4, etc.	315 HIGHLAND ST. MOUNT DORA FL 32757 315 HIGHLAND ST. MOUNT DORA FL 32757										
Sulte, Apt #, etc. City & State City & Sta											
City & State Country 7p Country 6 CERTIFICATE OF STATUS DESIRED State Address of Lenh Officer end/or Directors Title(s) 2 Name of Officers end/or Directors 3 (Inc NOT User Pot Officer for Numbers) 4 City / State / Zip PT COLVIN, JOHN H. JR. 1650 SUNSET CIRCLE MOUNT DORA FL CITY / State / Zip ANNFORD FL PT COLVIN, JOHN H. JR. 1650 SUNSET CIRCLE MOUNT DORA FL CITY / State / Zip ANNFORD FL Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of New Registered Agent Name 8. Name and Address of New Registered Agent Name 10 Name and Address of New Registered Agent Name 10 Name and Address of New Registered Agent Name 11 Name 12 State / Zip City State / Zip City / State / Zip No in Address of New Registered Agent Name 11 Name 12 State / Zip City State / Zip City State / Zip City / State / Zip No in Address of New Registered Agent 12 State / Zip City State / Zip City / State /	Sulte, Apl. #, etc. Suite, Apl. #,				etc.			······································		ied For	
7. Names and Street Address of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) 7. Names and Street Address of Each Officer and/or Directors Title(a) 8. Name of Officers 9. Street Address of Each Officer and/or Directors 9. City / State / Zp 4. City / State / Zp 4. City / State / Zp 7. Names and Street Address of Each Officer and/or Directors 9. Street Address of Each Officer and/or Directors 10. In Name and Address of Current Registered Agont 10. Name and Address of Current Registered Agont 10. Name and Address of New Registered Agont 11. This corporation owes or has paid of the name of Corporation on the office of the Corporation Agont 12. Leafity that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hutther certify that when this this rehistatement application, the reason for director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hutther certify that when this this rehistatement application, the reason for director shall have the some legal effec				•				59-3244502	Not A	Applicable	
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BAUER, KIRK T 23 S. WOODLAND BLVD DELAND FL 32721 10. 1. being appointed he objected agent of the above named corporation, am familiar with and accept the obligations of Section 507.0505, F. S. Signature of Registered Agent 11. This corporation owes or has paid the current year intangible Personal Property tax due June 30. 12. Locality that I am an officer or director or the recover or trustee empowered to execute this application, as provided for in chapter 607 or 617, F.S. I further certify that when filling this refinstatement application, the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all flees oved by the cooperation have been paid and the names of includinals isled on the removed on the requirements of section 607.0401 or 617.0401, F.S., that all flees oved by the cooperation have been paid and the mannes of includinals isled on this form do not quirty for an exemption under section 119.07(3)(), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal offect as if made under coath.	Title(s) Name of Officers and/or Directors 2			S C 3 (Do NO) (treet Address of Each Officer and/or Director Use Post Office Box N	City / State / Zip					
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BAUER, KIRK T 223 S. WOODLAND BLVD DELAND FL 32721 Sulto, Apl. 4, Etc. City State Signature of Registered Agent 10. 1, being appointed the Polistance agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. This corporation owes or has paid the current year intangible Personal Property tax due June 30. 12. Leartily 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 filling 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 toos oved 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)(), F.S. The information indicated on this application is true and accurate, and my signature shall have the seme legal effect each.	TT GOLVIN, JUHN'R JK			311 HACHELLE	-AP1-837	TOANTURD FL					
8. Name and Address of Current Registered Agent BAUER, KIRK T 223 S. WOODLAND BLVD DELAND FL 32721 Signature of Registered Agent 10. I, being appointed he orgistavet agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S. Signature of Registered Agent 11. This corporation owes or has paid the current year intangible Personal Property tax due June 30. 12. Learlity 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 when filing on 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 lalf second by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under soction 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.	PT COLVIN, JOHN H. JR.			1650 SUNSET	CIRCLE	MOUNT DORA FL					
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	12. I certify this rein: owed by on this a	that I am an officer or direct statement application, the return the comporation have been application is true and accurate.	tor or the receiver eason for dissolut paid and the nar	or trustee emplion has been e	powered to execute the corp als listed on this for the same legal of	e this application as properties to the same satisfies to the satisfies to the satisfies the satisfies the satisfies the satisfies the satisfies and satisfies and satisfies the satisfies and satisfies the satisfies and satisfies the satisfies and satisfies and satisfies the satisfies and satisfi	rovided for in chap the requirements of an exemption und	of section 607.0401 o er section 119.07(3)(i	r 617.0401, F.S., that a , F.S. The information	Il fees	