

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000011982**

1. Corporation Name

HUNT II ENTERPRISES, INC.

Principal Place of Business

4509 BEE RIDGE ROAD
SUITE C
SARASOTA FL 34232

Mailing Address

2506 WILKINSON RD
SARASOTA FL 34231
US

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

2. New Principal Office Address, If Applicable

~~105 Colonia Lane East~~

Suite, Apt., #, etc.

~~Suite B~~

City & State

~~Nokomis~~

Zip

~~FL~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~105 Colonia Lane East~~

Suite, Apt., #, etc.

~~Suite B~~

City & State

~~Nokomis~~ **FL**

Zip

~~34275~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1998

5. FEI Number

65-0812388

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HUNT, CURTIS F II	2506 WILKINSON RD	SARASOTA FL 34231
D	WOLFINGER, ENOLA H	681 Percheron Cir.	Nokomis, FL 34275
			600004765576--0 -01/10/02--01081--012 ****750.00 ****750.00
			TS
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

WOLFINGER, ENOLA H
4509 BEE RIDGE RD. #B
SARASOTA FL 34233

9. Name and Address of New Registered Agent

Name

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

Suite, Apt., #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/27/01

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., 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)(l), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/01

Daytime Phone #

941-484-5480

CR2E040 (8/01)