

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR -9 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03082005 REIN-P CR2E098 (6/04)

DOCUMENT # P98000034051

1. Entity Name  
HUNNICUTT CABLE, INC.



Principal Place of Business  
305 JEN BLVD  
B  
TARPON SPRINGS, FL 34689

Mailing Address  
5829 MANIPOSE DR  
HOLIDAY, FL 34690

2. Principal Place of Business  
35246 US Hwy 19N  
Suite, Apt. #, etc.  
#149

3. Mailing Address  
35246 US Hwy 19N  
Suite, Apt. #, etc.  
#149

City & State  
Palm Harbor FL

City & State  
Palm Harbor FL

Zip  
34684

Country  
US

Zip  
34684

Country  
US

4. FEI Number  
59-3503905

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD SUITE A  
SEMINOLE, FL 33777

7. Name and Address of New Registered Agent  
Name: Donald Sclaski / Sclaski Tax Back Service Inc  
Street Address (P.O. Box Number is Not Acceptable)  
3233 East Bay Dr #106  
City: Largo, FL Zip Code: 33771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 3-8-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNNICUTT, KARL 495 60TH ST NORTH ST. PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500048991545 03/23/05--01034--013 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karl Hunnicutt* DATE: 3-8-05 DAYTIME PHONE #: 727-234-5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR