

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049011

1. Corporation Name

ALLEN THAW HUNTER, P.A.

Principal Place of Business

678 SHORE DRIVE
DESTIN FL 32541

Mailing Address

P.O. BOX 1194
DESTIN FL 32540

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1998

5. FEI Number

✓ 59-3176857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75

A fee of \$3.75 is 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	4. City / State / Zip
D	HUNTER, ALLEN T	678 SHORE DRIVE	DESTIN FL 32541
			300003029923--1 -11/01/99--01008--011 *****758.00 *****758.00
			300003029923--1 -11/01/99--01008--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

MOGILL, ROBERT E III
749 HIGHWAY 98 EAST SUITE 5
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

DAVID A. OWEN

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

188 Durango Rd

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Allen T. Hunter
REGISTERED AGENT MUST SIGN

Date

10/20/99

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)(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:

Allen T. Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Allen T. Hunter, President

Date

(850) 450-0054
Daytime Phone #

CR2010 (8/99)