


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 27 PM 2:40

200062381232
03/03/06--01019--014 **450.00
CR2E081 (8/05)

DOCUMENT # *P98000062430*
1. Corporation Name
DONA HUNT MD PA
WDS000056491

2. Principal Office Address <i>675 NW 6TH ST</i>		3. Mailing Office Address <i>675 NW 6TH ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>GAINESVILLE Florida</i>		City & State <i>GAINESVILLE Fla</i>	
Zip <i>32601</i>	Country <i>ALACHUA</i>	Zip <i>32601</i>	Country <i>ALACHUA</i>

4. Date Incorporated or Qualified To Do Business in Florida *7/13/1998*

5. FEI Number *59-356-1254*

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *DONA HUNT*

Street Address (P.O. Box Number is Not Acceptable)
675 NW 6TH ST.

Suite, Apt. #, Etc.

City *GAINESVILLE* State **FL** Zip Code *32601*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Dona Hunt* Date *12/21/05*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>HUNT, DONA</i>	<i>675 NW 6TH ST</i>	<i>GAINESVILLE Fla 32601</i>

200062381232
12/23/05--01047--023 **150.00

REINSTATEMENT 03-05

200062381232
12/23/05--01047--024 **8.75

10. 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: *Dona Hunt MD* *DONA HUNT MD* Date *12/21/05* Daytime Phone # *352 372 1255*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P9x2012

STATE OF FLORIDA DIVISION OF CORPORATIONS
RE:WATVER OF RE INSTATEMENT FEES FOR EIN #59 356 1254

TO WHOM IT MAY CONCERN:

I REQUEST A WATVER OF RE-INSTATEMENT FEES BECAUSE I DID NOT RECIEVE THE URB FORMS/NOTIFICATION.

I TRIED TO DOWNLOAD A URB FORM TO SUBMIT WITH MY RE-INSTATEMENT FORM--BUT THE WEB SITE SAID NOT UNTIL AFTER 1/3/06.PLEASE SEND ME THE APPROPRIATE FORMS.

THANK YOU


DONA HUNT

DECEMBER 20, 2005