

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 28 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000070282

1. Corporation Name

NANCY HUNN, INC.

Principal Place of Business

6515 W. CLIFTON ST.  
TAMPA FL 33634

Mailing Address

~~6140 JULES VERNE STREET~~  
TAMPA FL 33611



200016234282  
04/18/03--01017--004 \*\*150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

BAY OAK Condo

Suite, Apt. #, etc.

5265 EAST BAY DR. #424

City & State

Clearwater, FL

Zip

33764

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/1998

5. FEI Number

59-3531210

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HUNN, NANCY	<del>1460 GULF BLVD, #702</del> Bay Oaks Condo 5265 EAST BAY DR. #424	CLEARWATER FL 33711 Clearwater, FL 33764
VP	MAZZA, LISA M	6515 W. CLIFTON ST	TAMPA FL 33634

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07/28/03--01068--004 \*\*150.00

8. Name and Address of Current Registered Agent

HUNN, NANCY  
5113 JULES VERNE STREET  
TAMPA FL 33611  
Bay Oaks Condo  
~~5265 Bay Oaks~~  
EAST BAY DRIVE #424 Clearwater, FL 33764

9. Name and Address of New Registered Agent

Name

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

Bay Oaks Condo 5265 East Bay Dr. #424

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Dec 5, 2002

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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-2002 (813) 263-0760  
Date Daytime Phone #

CR2E040 (8/02)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Ref: Application for Reinstatement

Dear Sir/Madame:

I am requesting a waiver of reinstatement fees as we did not receive the last two uniform business reports. I did contact the state to verify this information. I have corrected all the address information on the application for reinstate so that this will not happen again.

~~Thanking you in advance for your consideration. I have enclosed are original reports fee,~~  
please advise me as to any additional fees we might owe.

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Nancy Hunn

Nancy Hunn, Inc.

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