

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000087507

1. Corporation Name

HUNTER/GAETANO MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

2071 S.W. 70TH AVENUE  
SUITE G-5  
DAVIE FL 33317

2071 S.W. 70TH AVENUE  
SUITE G-5  
DAVIE FL 33317

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

1005 Pine Island Rd  
Suite, Apt. #, etc.  
Suite # 142

SAME  
Suite, Apt. #, etc.

City & State  
Plantation FL

City & State

Zip Ft 33324 Country U.S.A.

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1998

5. FEI Number

65 0958636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 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
PTD VP S	POLTRONIERI, GARY	2071 S.W. 70TH AVENUE SUITE G-5	DAVIE FL 33317
VP GD	ANNESE, SALVATORE D	100 N.E. 112TH STREET	NORTH MIAMI FL 33161

400003060524--6  
-12/03/99--01095--020  
\$750.00 \$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHINDER, LANCE  
10 W. FLAGLER STREET  
SUITE 1242  
MIAMI FL 33130

Name  
Ted Stronkewsky  
Street Address (P.O. Box Number is Not Acceptable)  
100 S Pine Island Rd  
Suite, Apt. #, Etc.  
Suite # 142

City Plantation State FL Zip Code 33324

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

REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/3/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99

Date

AD  
(954) 260-5980  
Daytime Phone #

CP20040 (8/99)