

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083009

1. Corporation Name

HUNTER INDUSTRIAL WELDING, INC.

Principal Place of Business

Mailing Address

100 LUCAS DR
BROOKSVILLE FL

PO BOX 12221
BROOKSVILLE FL 34603



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

101 First St
Suite, Apt. #, etc.
Winter Garden FL

3. New Mailing Office Address, If Applicable

101 First St
Suite, Apt. #, etc.
Winter Garden FL

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1999

5. FEI Number

59-3602191

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HUNTER, DANIEL	100 LUCAS DR 1925 ClavaCona	BROOKSVILLE FL 34601 Ocoee, FL 34761
VT	RINEHART, LISA	100 LUCAS DR	BROOKSVILLE FL 34601

700024251257
10/29/03 01046 003 **150.00

11/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RINEHART, LISA
100 LUCAS DR
BROOKSVILLE FL 34601

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 OF DANIEL HUNTER

Date

REGISTERED AGENT MUST SIGN

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
Daniel Hunter 10-27-03

Date

Daytime Phone #

CR2E040 (7/03)

Hunter Industrial Welding, Inc.
101 First Street
Winter Garden, FL 34787

October 27, 2003

Dear Agent:

I am writing to you to have the reinstatement penalty waived. This is the first notice that I have received from the State of Florida. I am know longer at the address listed on the application. The person at that address has only given me this form; I did not receive the prior UBR notices. I am enclosing my Application for Reinstatement and the 150.00 fees to file the report. Thank you for your help in this matter.

Sincerely,



Daniel Hunter
President