

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 APR 17 PM 3:07

DOCUMENT # **657678**

1. Corporation Name

HOF, INC.

Principal Place of Business

Mailing Address

6060 SW 18TH ST.
 #101
 BOCA RATON FL 33433

6060 SW 18TH ST.
 #101
 BOCA RATON FL 33433



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

4. Date Incorporated or Qualified To Do Business in Florida

02/25/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2387561

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	FOLKERSEN, HENRY	390 N. FEDERAL HWY #402	DEERFIELD BCH FL 33441
STD	FOLKERSEN, R EYVONNE	390 N FEDERAL HWY, #402	DEERFIELD BEACH FL 33441
			200004035192--4 -04/20/01--01057--008 ****750.00 ****750.00
			200004035192--4 -04/20/01--01057--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAFFER, ROGER L.
 2201 CORPORATE BLVD
 SUITE 105
 BOCA RATON FL 33431

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.

Signature of Registered Agent

Roger Shaffer
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

4-12-01

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:

Henry Folker
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 HENRY FOLKERSEN

4/12/2001
 Date

561-362-7149
 Daytime Phone #

CR2E040 (8/90)