

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P02000085792
HOFFMAN ENTERPRISES, INC

2. Principal Office Address
1126 BUFORD ST NW

3. Mailing Office Address
PO BOX 111105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BAY FL

City & State
PALM BAY FL

Zip Country
32907 USA

Zip Country
32911 USA

4. Date Incorporated or Qualified
To Do Business in Florida 08/07/2002

5. FEI Number 65-1181824 Applied For Not Applicable

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

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
ALLEN E HOFFMAN

Street Address (P.O. Box Number is Not Acceptable)
1126 BUFORD STREET NW

Suite, Apt. #, Etc.

City
PALM BAY

State Zip Code
FL 32907

100047045641
02/22/05--01035--019 **108.75

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 02/01/2005

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
PRES	ALLEN E. HOFFMAN	1126 BUFORD ST NW	PALM BAY, FL 32907
VP	KATHLEEN G HOFFMAN	1126 BUFORD ST NW	PALM BAY, FL 32907
DIR	ARTHUR T HOFFMAN	1532 HARVARD CIR APT 3	PALM BAY, FL 32905
DIR	DANIEL D HOFFMAN	1352 WHITEHURST RD SW	PALM BAY, FL 32908
DIR	SANDRA L. HOFFMAN	1532 HARVARD CIR APT 3	PALM BAY, FL 32905

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2004

Date

321-298-0796

Daytime Phone #

CR2E081 (01/05)