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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 24 PM 2:07

CORPORATION REINSTATEMENT



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

DOCUMENT # P96000092049
1. Corporation Name
HOFFCO MARKETING, INC.

2. Principal Office Address 5300 NW 33AVE		3. Mailing Office Address 5300 NW 33 AVE	
State, Apt. #, etc. SUITE 117		State, Apt. #, etc. SUITE 117	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **11/05/96**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED Annual Report and Certificate of Status

97-01

7. Name and Address of Current Registered Agent

Name
CHARLES HOFFECKER

Street Address (P.O. Box Number is Not Applicable)
224 E. Commercial Blvd.


State, Apt. #, Etc.
304

City
Fort Lauderdale

State
FL

Zip Code
33308

8. I, being registered or registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.


Signature of Registered Agent  **05/23/01**

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida not-for-profit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S	Charles Hoffecker	224 E. Commercial, #304	Ft. Lauderdale, FL 33308

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 115.07(3)(b), F.S. The information indicated on this application is true and accurate, and the signatures shall have the same legal effect as if made under oath.

SIGNATURE:  **Charles Hoffecker** **05/23/01** **954-261-2929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

AD

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