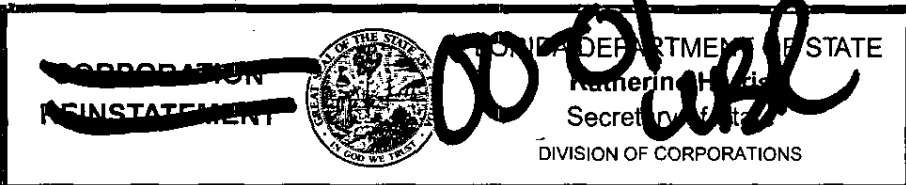


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

01 APR 23 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05468

1. Corporation Name

Hoffco of Miami, Inc.

2. Principal Office Address

19690 NE 13 CT

Suite, Apt. #, etc.

1

City & State

NORTH MIAMI Bch, FL

Zip

33179

Country

USA

3. Mailing Office Address

19690 NE 13 CT

Suite, Apt. #, etc.

City & State

N. MIAMI Bch, FL

Zip

33179

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1/9/92

SP

5. FEI Number

65-0300305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PHYLLIS HOFFMAN

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

ONE BREAKERS ROW

Suite, Apt. #, Etc.

PENTHOUSE 163

City

PALM BEACH

State

FL

Zip Code

33480

600004192246-3

-05/10/01-01011-007

****300.00 ****300.00

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

Phyllis Hoffman

REGISTERED AGENT MUST SIGN

Date

4/14/01

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.	TODD W. HOFFMAN	P.O. BOX 4121	TELLURIDE, CO 81435

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

305 681 2015

Daytime Phone #

CR2E081 (9/00)

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Hoffco of Miami, Inc.
19690 N.E. 13th Court, North Miami Beach, Florida 33179
305/681-2015 Fax: 305/651-4892

April 19, 2001

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

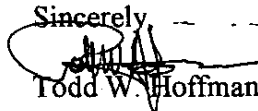
RE: Hoffco of Miami, Inc. Doc #V05468

To Whom It May Concern:

Attached is the Corporate Reinstatement form along with a money order for \$300.00 for the corporate fees for 2000 and 2001 on the above captioned. We did not receive the renewal documents for 2001 and have moved the office. In all the confusion of relocation twice and frequent office turnover last year we thought we had renewed the corporation for 2000, but according to state records the documents were never received. We respectfully request that you waive the penalties in this case and accept this reinstatement and fee. This company is basically dormant at this time but we do want to keep the corporation active.

If you have any questions, please contact my assistant at the above captioned telephone number.

Sincerely


Todd W. Hoffman

TWH:cs
Encl (money order)