2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 663111

FILED Oct 03, 2014 Secretary of State

Entity Name: TED HOFFMAN, JR. ARCHITECT P.A.

Current Principal Place of Business: New Principal Place of Business:

2050 FT DENAUD RD LABELLE, FL 33935 US

Current Mailing Address: New Mailing Address:

2050 FT DENAUD RD LABELLE, FL 33935 US

FEI Number: 59-1959940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOFFMAN JR., THEODORE D. 2050 FT DENAUD RD LABELLE, FL 33935 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THEODORE HOFFMAN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MF

Name: HOFFMAN, THEODORE D Address: 2050 FT DENAUD RD City-St-Zip: LABELLE, FL 33935 US

Title: MR

Name: HOFFMAN, THEODORE D Address: 2050 FT DENAUD RD City-St-Zip: LABELLE, FL 33935

Title: MR

Name: HOFFMAN, THEODORE D Address: 2050 FT DENAUD RD City-St-Zip: LABELLE, FL 33935

Title: MR

Name: HOFFMAN, THEODORE D Address: 2050 FT DENAUD RD City-St-Zip: LABELLE, FL 33935

Title: MR

Name: HOFFMAN, THEODORE D Address: 2050 FT DENAUD RD City-St-Zip: LABELLE, FL 33935

Title: MR

Name: HOFFMAN, THEODORE D Address: 2050 FT DENAUD RD City-St-Zip: LABELLE, FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THEODORE D HOFFMAN MR 10/03/2014