

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **F99000001093**

1. Corporation Name

**HOPPMANN CORPORATION**

03 NOV 19 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15395 JOHN MARSHALL HWY  
HAYMARKET VA 20169

15395 JOHN MARSHALL HWY  
HAYMARKET VA 20169



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

02/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

54-0600112

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	HOPPMANN, PETER G	15395 JOHN MARSHALL HIGHWAY	HAYMARKET VA 20169
PD	FLANAGAN, MARK J	15295 JOHN MARSHALL HIGHWAY	HAYMARKET VA 20169
D	SCHOBER, HORST	15395 JOHN MARSHALL HIGHWAY	HAYMARKET VA 20169

600024864416

11/19/03--01069--017 \*\*750.00

*Mut25*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CADIGAN, BRIAN  
3465 GULF COAST DRIVE  
HERNANDO BEACH FL 34607

Name

~~CORPORATION-SERVICE-COMPANY~~

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Deborah D. Skipper*

Deborah D. Skipper  
Asst. V. Pres.

Date 11-18-03

REGISTERED AGENT MUST SIGN

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:

*Peter G. Hoppmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03  
Date

703-753-8888  
Daytime Phone #

CR2E040 (7/03)