

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 22 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J60469

1. Corporation Name

Hofer Valve & Supply, Inc

2. Principal Office Address

RAM
6128 BARTRAM RD.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box
351258

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

City & State

JACKSONVILLE, FL

Zip

32235

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

April 10, 1987

5. FEI Number

59-2800671

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

George A. Waldeck

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

6128 BARTRAM ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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

George A. Waldeck

Date

9-20-04

REGISTERED AGENT MUST SIGN

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	George A. Waldeck	6128 BARTRAM RD	JACKSONVILLE, FL. 32216
ST	" " "	" " "	" " "

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:

George A. Waldeck
George A. Waldeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-20-04

Daytime Phone #

828-664-0090
904-
725-2172

CR2001 (01/04)