

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L03421

1. Entity Name
BUSINESS MACHINE REPAIR, INC.



Principal Place of Business
102 DRENNEN RD C-3
ORLANDO, FL 32806-8502 US

Mailing Address
102 DRENNEN RD C-3
ORLANDO, FL 32806-8502 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 1106/08 (1/07) 08

4. FEI Number
59-2957348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WADE JR
2901 CURRY FORD RD.
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name
WILLIAM S. HOFFMAN
Street Address (P.O. Box Number is Not Acceptable)
2629 ALOMA AVE.

City
WINTER PARK FL Zip Code
32792

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William S. Hoffman WILLIAM S. HOFFMAN 11/06/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME D HOFFMAN, WILLIAM S. ☐ Delete
STREET ADDRESS
2629 ALOMA AVE
CITY-ST-ZIP
WINTER PARK, FL 32792

TITLE
NAME D VERANES, VICTORIA C. ☐ Delete
STREET ADDRESS
113 JUPITER CIR
CITY-ST-ZIP
ORLANDO, FL 32811

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William S. Hoffman WILLIAM S. HOFFMAN 11/06/08 407-290-8699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #