

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000006611

1. Entity Name

Hoffman Enterprises, Inc



FILED
03 NOV 19 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10860 118th St N

Suite, Apt. #, etc.

3. Mailing Address

10860 118th St N

Suite, Apt. #, etc.

REINSTATEMENT

City & State
Seminole FL

City & State
Seminole FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
33778

Country

Zip
33778

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Semira Hoffman

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

10861 118th St N

City Seminole

FL

Zip Code
33778

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Director	Semira Hoffman	10860 118th St N	Seminole, FL 33778

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

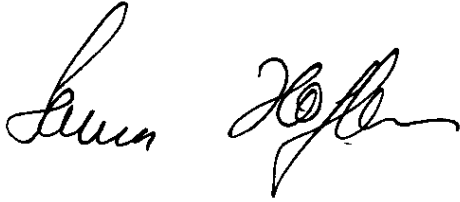
Daytime Phone #

CR2E037B (12/02)

To whom it may concern:

Due to a mailing error, I have not been able to receive the Not for Profit Corp. Uniform Business report, and have not been able to send my renewal fees. I am kindly asking you to please reinstate Hoffmann Enterprises Inc. Please send them to 10860 118th St. N Seminole, FL 33778.

Respectfully yours,
Semira Hoffmann

A handwritten signature in black ink, appearing to read "Semira Hoffmann", written in a cursive style.