

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117517

1. Corporation Name

ANDREW HOFFMAN, INC.

Principal Place of Business

1617 NW 81ST WAY
PLANTATION FL 33322

Mailing Address

1617 NW 81ST WAY
PLANTATION FL 33322

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

01/01/2001

Suite, Apt. #, etc.

1150 NW 108TH TER

Suite, Apt. #, etc.

SAME

City & State

PLANTATION FL.

City & State

Zip

33322

Country

Zip

Country

5. FEI Number

65-1067597

Applied For

Not Applicable

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

HOFFMAN, ANDREW

1617 NW 81ST WAY

PLANTATION FL 33322

300008812163
11/05/02--01100--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOFFMAN, ANDREW
1617 NW 81ST WAY
PLANTATION FL 33322

Name

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

1150 NW 108TH TER

Suite, Apt. #, Etc.

PLANTATION

City

State
FL

Zip Code
33322

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02 (954)258-0282

Date

Daytime Phone #

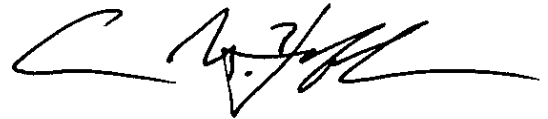
CR2E040 (8/02)

10-28-02

Dear Sir or Madame,

Enclosed, please find a check in the amount of \$150.00 to reinstate my corporation. As you will note, the address has changed from (1617 NW 81st Way--Plantation, FL 33322) to (1150 NW 108th Terrace--Plantation, FL 33322). It is my firm belief that this resulted in me not receiving the important, time-sensitive notices from your department. I would appreciate your understanding in this matter and accept same.

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'A. N. Hoffman', with a long horizontal flourish extending to the right.

Andrew N. Hoffman