

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-01000096481
1. Corporation Name
Wendy Hoge & Associates Inc

2. Principal Office Address <u>704 SW Great Exuma Cove</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Port St Lucie FL</u>		City & State	
Zip <u>34986</u>	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>10-3-01</u>	
5. FEI Number <u>65-1142374</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Wendy Hoge</u>	<u>700031998517</u>
Street Address (P.O. Box Number is Not Acceptable) <u>704 SW Great Exuma Cove</u>	<u>04/06/04 01032 022 #300 00</u>
Suite, Apt. #, Etc.	
City <u>Port St Lucie</u>	State <u>FL</u> Zip Code <u>34986</u>

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 _____ Date _____

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
<u>Pres.</u>	<u>Wendy Hoge</u>	<u>704 SW Great Exuma Cove</u>	<u>Port St Lucie FL 34986</u>
<u>V.P.</u>	<u>George F Hoge Jr</u>	<u>704 SW Great Exuma Cove</u>	<u>Port St Lucie FL 34986</u>

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: Wendy B Hoge 3/30/04 772-785-7828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

March 25, 2004

Wendy Hoge & Associates
704 SW Great Exuma Cove
Pt St Lucie FL 34986

Florida Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

Dear Sir/Madam:

Please find enclosed the original Application for Reinstatement of our corporation, Wendy Hoge & Associates, Inc (document number P01000096481).

We had moved during 2003, and the original notices must have gotten lost between the moves. The enclosed application has our current and correct address.

We understand that by sending in \$300 will allow my corporation to be reinstated, and will pay the fee for both 2003 and 2004.

Please advise if any other information is needed. Thank you.

Sincerely,

Wendy Hoge, President