

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000121288

1. Entity Name
TOPECA HOLDINGS, INC.



FILED

04 OCT -6 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052004 REIN-P CR2E098 (6/04)

4. FEI Number
01-0615242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMANN, ERIKA
137 EAST ENID DR
KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Erika Hoffmann*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/05/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, PETER	
STREET ADDRESS	137 EAST ENID DR	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROCAO, CARLOS EDUARDO	
STREET ADDRESS	137 EAST ENID DR	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMANN, ERIKA	
STREET ADDRESS	137 EAST ENID DR	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMANN, PAUL	
STREET ADDRESS	137 EAST ENID DR	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10004121288	
STREET ADDRESS	10/12/04--01041--012 **150.00	
CITY-ST-ZIP		
TITLE	RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Recao, Carlos Eduardo	
STREET ADDRESS	137 East Enid Drive	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffman, Erika	
STREET ADDRESS	137 East Enid Dr.	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Paul Hoffman / Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/04

Date

Daytime Phone #

305-903-9191