

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045989

1. Corporation Name

P & L HOFFMAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

245 MARBLE CANYON DR.
WELLINGTON FL 33414

245 MARBLE CANYON DR.
WELLINGTON FL 33414

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

04/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

32-0011386

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOFFMAN, PAUL T SR.	245 MARBLE CANYON DR.	WELLINGTON FL 33414
D	HOFFMAN, LORI L	245 MARBLE CANYON DR.	WELLINGTON FL 33414

200023977332
10/21/03--01087--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLICKMAN, GARRY M ESQ.
1601 FORUM PLACE
STE. 1101
WEST PALM BEACH FL 33401

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Paul Hoffman
REGISTERED AGENT MUST SIGN

Date 10-9-03

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 561-333-5800

Hoffman Collectibles & Treasures
11925-19 Forest Hill Blvd
Wellington, Florida 33414
561-333-5800

10/09/03

Dear Mr. Poner,

I am writing in response to the attached notice. I called your office and was told to write this letter explaining what happened.

I have not received filing forms of any kind that I am aware of.

My wife and I are still in business with our gift store. Please assist us in this matter. I am enclosing a check for \$150.00 as I was told. Please know that I still want to be in business as P & L Hoffman Enterprises, Inc.

Thank you for your help in this matter.



Paul Hoffman