

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

DOCUMENT # P02000066913

1. Corporation Name

HOEPELMAN FINANCIAL SERVICES, INC.

REINSTATEMENT 03-04

200041495462

09/30/04--01045--006 **900.00

MRS

2. Principal Office Address

13500 SW 88 ST.

3. Mailing Office Address

13500 SW 88 ST.

Suite, Apt. #, etc.

195

Suite, Apt. #, etc.

195

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

DADE

Zip

33186

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2002

5. FEI Number

56-2288392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Engels Hoepelman

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

13500 SW 88 ST

Suite, Apt. #, Etc.

195

City

MIAMI

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/22/04

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
PD	Engels Hoepelman	13500 SW 88 ST #195 MIAMI FL 33186	MIAMI FL 33186

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/22/04

Daytime Phone #

7862104098

CR2E081 (01/04)