

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB 11 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
P02000085792  
HOFFMAN ENTERPRISES, INC

2. Principal Office Address  
1126 BUFORD ST NW

Suite, Apt. #, etc.

City & State  
PALM BAY FL

Zip Country  
32907 USA

3. Mailing Office Address  
PO BOX 111105

Suite, Apt. #, etc.

City & State  
PALM BAY FL

Zip Country  
32911 USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida 08/07/2002

5. FEI Number 65-1181824  
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  
ALLEN E HOFFMAN

Street Address (P.O. Box Number is Not Acceptable)  
1126 BUFORD STREET NW

Suite, Apt. #, Etc.

City  
PALM BAY

State Zip Code  
FL 32907

100047045641  
02/22/05--01035--019 \*\*1083.75

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 02/01/2005

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
PRES	ALLEN E. HOFFMAN	1126 BUFORD ST NW	PALM BAY, FL 32907
VP	KATHLEEN G HOFFMAN	1126 BUFORD ST NW	PALM BAY, FL 32907
DIR	ARTHUR T HOFFMAN	1532 HARVARD CIR APT 3	PALM BAY, FL 32905
DIR	DANIEL D HOFFMAN	1352 WHITEHURST RD SW	PALM BAY, FL 32908
DIR	SANDRA L. HOFFMAN	1532 HARVARD CIR APT 3	PALM BAY, FL 32905

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2004

Date

321-298-0796

Daytime Phone #

CRZE001 (01/05)