


2006 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # P050001Q5829		
1. Entity Name HODOR HOLDING INC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 11:29

REINSTATEMENT 06

Principal Place of Business 701 NW 39 AVE FT. LAUDERDALE, FL 33311	Mailing Address 701 NW 39 AVE FT. LAUDERDALE, FL 33311
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11082006 REIN-P CR2E098 (11/05)

4. FEI Number 841684353	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HODOR, LUCY C 701 NW 39 AVE FT LAUDERDALE, FL 33311		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HODOR, LUCY C 701 NW39 AVE FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100082322161 12/06/06--01038--017 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HODOR, WESLEY K 701 NW 39 AVE FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lucy C. Hodor</u> <u>Lucy C. Hodor</u>	Date: <u>12-03-06</u>	Daytime Phone #: <u>754-422-3015</u>
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12-03-06
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To Florida Department of State,

An error was made during the printing of the reinstatement application. The box indicating non-receipt of the prior notices was supposed to be checked, but it was not.

The notice was not received in time. I did not know how to correct it. Please make amendments.

Hodor Holding Inc
Lucy C. Hodor
154-422-3015

Document # PD5000105829
Fei # 841684353