2003

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014490

1. Corporation Name

Hoffmans Appliance and Air Conditioning Inc

REINSTATEMENT 03-04

700028414467
02/03/04--01056--017 **150.00

2. Principal Office Address	**3.** Mailing Office Address
1001 East Lake Rd South	1001 East Lake Rd South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs FL	City & State: Tarpon Springs FL
Zip: 34689 Country: Pinellas	Zip: 34689 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 2/12/96

5. FEI Number: 59-3374478 ☐ 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: Sanford L. Hoffman

Street Address (P.O. Box Number is Not Acceptable): 1001 East Lake Road South

700028414467
02/24/04--01039--004 **150.00

Suite, Apt. #, Etc.:

City: Tarpon Springs | State: FL | Zip Code: 34689

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: 1-14-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D-P	Sanford L. Hoffman	1001 East Lake Road South	Tarpon Springs FL 34689

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: Sanford Hoffman _____ 1-14-04 7279442794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PJ 282

January 10, 2004

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Hoffman's Appliance and Air Conditioning, Inc.
Document Number P960000014490

Dear Sir or Madam:

It has been brought to my attention the Uniform Business Report for Hoffman's Appliance and Air Conditioning, Inc. has not been filed with your office for the calendar year 2003.

The original 2003 Uniform Business Report was not delivered to my office. The address on the Division of Corporation records is incorrect and the annual business report was not forwarded to my correct mailing address.

Please accept my check in the amount of $150.00 for 2003 representing the annual report fee and abate the penalty.

I appreciate your cooperation.

Sincerely,

Sanford L. Hoffman
President