

2003

PS 176

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

Hoffman's Appliance And Air Conditioning Inc

REINSTATEMENT 03-DY

2. Principal Office Address

1001 East Lake Rd South

Suite, Apt. #, etc.

3. Mailing Office Address

1001 East Lake Rd South

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

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **1-14-04**

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
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-04

Daytime Phone #

7279442794

CR2E081 (10/02)

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:

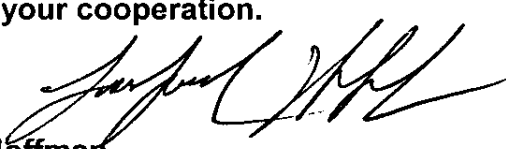
It has been brought to my attention the Uniform Business Report for Hoffman's Appliance and Air Conditioning, Inc. has not been filed with your office for the calendar year 2003.

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