



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
05 DEC 12 AM 10:17  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000007309</b> 1. Entity Name HOFFMAN CAR COMPANY, INC.					
Principal Place of Business 7812 SPRINGFIELD LAKE DR. LAKE WORTH, FL 33467			Mailing Address 7812 SPRINGFIELD LAKE DR. LAKE WORTH, FL 33467		
2. Principal Place of Business 6896 S Congress Ave		3. Mailing Address 6896 S Congress Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12072005    REIN-P    CR2E098 (6/04)	
City & State Lantana FL		City & State Lantana FL		4. FEI Number 65-0723575	
Zip 33462		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HOFFMAN, DONALD 7812 SPRINGFIELD LAKE DR. LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name: Hoffman Donald Street Address (P.O. Box Number is Not Acceptable): 6896 S Congress Ave City: Lantana FL Zip Code: 33462	
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: <u>Donald K. Hoffman</u> DATE: <u>12/8/05</u> <small>Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOFFMAN, DONALD 7812 SPRINGFIELD LAKE DR. LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hoffman Donald 6896 S Congress Avenue Lantana FL 33462	
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	
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 exemption stated in Section 119.07(3)(i), 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>Donald K. Hoffman</u>				DATE: <u>12/8/05</u>	