

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047473

1. Corporation Name

JOHN C. HOFFMAN, INC.

Principal Place of Business

Mailing Address

520 S PINELLAS AVE
TARPON SPRINGS FL 34689

520 S PINELLAS AVE
TARPON SPRINGS FL 34689

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1997

5. FEI Number

59-3460050

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOFFMAN, JOHN C	520 S PINELLAS AVE	TARPON SPRINGS FL 34689
VP	HOFFMAN, IRENE	848 BAYSHORE DR	TARPOON SPRINGS FL 34689
S	MOUNTAIN, CAROL	1732 OLD DIXIE HWY	TARPOON SPRINGS FL 34689
S	MARIA PETERSON	520 S PINELLAS AVE	TARPON SPRINGS FL 34689
			7000003810997--4 -03/07/01--01107--004 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

HOFFMAN, JOHN C
848 BAYSHORE DR
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John C. Hoffman
REGISTERED AGENT MUST SIGN

Date 2/23/01

11. 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:

John C. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

Daytime Phone #

CR2E040 (8/00)