

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 17 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004138

1. Corporation Name

BARTON T. HOFFMAN CONSULTING OF FLORIDA INC.

2. Principal Office Address

21 KEY HAVEN TERR

Suite, Apt. #, etc.

3. Mailing Office Address

21 KEY HAVEN TERR

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/98

5. FEI Number

65-0805966

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

BARTON T. HOFFMAN

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

21 KEY HAVEN TERRACE

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

10/16/02

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
Pres	BARTON T HOFFMAN	21 KEY HAVEN TERRACE	KEY WEST FL 33040

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARTON T.
HOFFMAN

Date

10/16/02

Daytime Phone #

305 292 2092

CR2E081 (9/01)

Barton T. Hofford Consulting of Florida Incorporated

21 Key Haven Terrace
Key West, FL 33040
(305) 292-2092

Date: Wednesday, October 16, 2002

To: Whom it may concern

From: Bart Hofford,
Owner/Vice President
Alibar Incorporated

Re: Reinstatement of Barton T Hofford Consulting of Florida Inc. (65-0805966)

Documents necessary to keep Barton T Hofford Consulting of Florida Incorporated active were not received this year. Additionally, documents needed to keep Alibar Inc. dba Alice's at La te da active were also not received at the same address. Should you need any further information, please contact me at (305) 292-2092.

Sincerely,


Barton T Hofford