

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV -1 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000081695

1. Corporation Name
HOFFMANN OF BREVARD, INC.

Principal Place of Business Mailing Address
801-B BRITTANY DRIVE INDIALANTIC FL 32903



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3532784	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

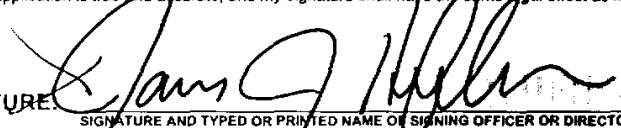
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HOFFMANN, JAMES J	801-B BRITTANY DRIVE	INDIALANTIC FL 32903
D	HOFFMANN, MARGARET E	801-B BRITTANY DRIVE	INDIALANTIC FL 32903
			400003038624--3 -11/08/99--01123--020 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRESE, GARY B 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE FL 32901		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 _____ Date _____
 REGISTERED AGENT MUST SIGN

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES J. HOFFMANN

Date: 10/27/99
 Daytime Phone #: 407-723 5035

CFR25040 (8-99)

Arno Financial Services, Inc.

Accounting • Tax • Financial Services
115 Hickory Street • Suite 202 • West Melbourne, Florida 32904
(407) 951-2888 • Fax (407) 768-7589

Andrew P. Arno

Enrolled to Represent Taxpayers before the IRS
Accredited Tax Advisor
Member of Florida Society of Accounting & Tax Professionals
Member of National Society of Accountants



Tamara L. Cheek

Enrolled to Represent Taxpayers before the IRS
Member of Florida Society of Accounting & Tax Professionals

October 26, 1999

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

RE: HOFFMANN OF BREVARD, INC.
Doc # P98000081695

My client apologizes for not filing the annual report sooner; this was not done without regard for the law nor to avoid paying the fee. The taxpayer's wife had a difficult pregnancy and was in and out of the hospital. Also after their child was born the baby had some medical problems that have only now been corrected. In addition, this is the first year the taxpayer has been in Florida and owned a corporation in the state of Florida.

We ask that you waive the penalty and accept the \$150 check for payment of the annual report for the above-mentioned reasons. The taxpayer did not intentionally or without regard not file and pay the fee on a timely basis. Thank you for your cooperation in this matter.

Respectfully,

A handwritten signature in black ink, appearing to read 'A. P. Arno', written over a horizontal line.

Andrew P. Arno, E.A., A.T.A.
Arno Financial Services, Inc.

H.D. VEST
FINANCIAL SERVICES

Andrew P. Arno, Registered Representative
Securities offered through H.D. Vest Investment Securities, Inc. Member:
6333 North State Hwy 161, Fourth Floor • Irving, TX 75038 • (972) 863-6000