

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION REINSTATEMENT**

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

FILED

OCT 24 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000016595**

1. Corporation Name

**HIP INVESTMENTS OF Tegucigalpa INC**

2. Principal Office Address

**940 PASCO MORELLA**

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

Zip

**33405**

Country

**USA**

3. Mailing Office Address

**940 PASCO MORELLA**

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

Zip

**33405**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**2/19/99**

5. FEI Number

**65-0906882**

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

**UCC Filing + Search Services, INC**

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

**526 EAST PARK AVENUE**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

**100003447911-2**

**11/02/00-01003-001**  
**\*\*\*150.00 \*\*\*150.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

**Ed Hand, President**

Date

**10/23/00**

REGISTERED AGENT MUST SIGN

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
President	Timothy Pratte	1029 N. JACKSON APT. 1110A	MILWAUKEE, WI 53202
VP+	JAMES HOFFMAN	940 PASCO MORELLA	WPB, FL 33405
Treasurer			

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:

**JAMES C. HOFFMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James C Hoffman**

10-16-00

Date

561-670-7646

Daytime Phone #

**HIP Investments of Tequesta**

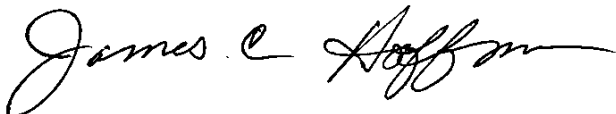
940 PASEO MORRELLA  
WEST PALM BEACH, FLORIDA 33405

Phone 561-670-7646  
Fax 561-366-8703  
Email hipinvest@aol.com

October 18, 2000

This letter is to clarify the reason why we (HIP Investments of Tequesta Inc.) did not send in our renewal fee. In January we changed locations of the business. I sent in form 8822 to change our address in January. We are a very small company and this would have been our first renewal. I was not sent any of the forms indicating the time frame or the deadline for the renewal. I only became informed when our accountant who filed an extension and then filed our taxes just recently informed me of the dissolution of the company. I would truly appreciate your consideration in this matter. I have enclosed a check for \$150.00 along with a corporate reinstatement form that was faxed to me by UCC Filing Services.

Sincerely,



James C. Hoffman  
VP Hip Investments of Tequesta Inc.

Company moved. Documents (UBR) not forwarded  
by post office. Please abate  
penalty & Reinstatement fee.

Thanks