

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 SEP -4 PM 12: 51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V46891**

1. Corporation Name
HOFFMAN & MCMILLAN INSURANCE BROKERS, INC.

Principal Place of Business	Mailing Address
8540 SW 133 AVE RD #324 MIAMI FL 33183 US	PO BOX 831958 MIAMI FL 33283 US



REINSTATEMENT 02-03

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.		06/24/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0343797	
				Applied For	
				Not Applicable	
				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	VERA, LUIS C.	8540 S.W. 133 AVE RD. #324	MIAMI FL 33183

100022752571
 09/04/03--01045--005 **900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VERA, LUIS C. 8540 S.W. 133 AVENUE RD. UNIT 324 MIAMI FL 33183		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		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. or 617.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED** (with signature)
 REGISTERED AGENT MUST SIGN
 Date: **August 29 / 2003**

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 REQUIRED** (with signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **August 29 / 2003**
 Daytime Phone #: **305.3320231**

CR2E040 (9/02)