

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 FEB 11 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 843566

1. Corporation Name

H & B Development Co.

2. Principal Office Address

2700 NE 24th ST

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

2700 NE 24th ST

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-26-79

5. FEI Number

62-1082986

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

Karin Bodewig

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

2700 NE 24th ST

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Karin Bodewig

Date

2/10/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
P	Hans Bodewig	2700 NE 24th ST	Pompano Beach, FL 33064
VP	Bertha Bodewig	2700 NE 24th ST	Pompano Beach, FL 33064
D	Norman Bodewig	2700 NE 24th ST	Pompano Beach, FL 33064
D	Hans Bodewig, Jr	2700 NE 24th ST	Pompano Beach, FL 33064
TS	Karin Bodewig	2700 NE 24th ST	Pompano Beach, FL 33064
D	Claudia Bodewig	2700 NE 24th ST	Pompano Beach, FL 33064

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:

Karin Bodewig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

(954) 969-2108

Daytime Phone #

CR2E081 (9/99)