

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000001880

1. Name of Limited Partnership

H&B GLOBAL LTD.

2. Principal Office Address - No P.O. Box #
10135 SW 124 Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33176

Country
USA

3. Mailing Office Address
10135 SW 124 STREET

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33176

Country
USA

8. Name and Address of Current Registered Agent

Name
LOWELL M. GOODE

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

6330 SW 41 Court

Suite, Apt. #, Etc.

City
Davie

State
FL

Zip Code
33314

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Lowell M. Goode

(REGISTERED AGENT MUST SIGN)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

H&B GLOBAL CORP.

10135 SW 121 STREET

MIAMI, FL 33176

P97000015096

REINSTATEMENT

04-08

700 130482847

613108-01025-015

\$3000.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

7-25-08

Typed or Printed Name of General Partner Signing Form

Telephone Number

2008 AUG 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida **08/29/1997**

5. FEI Number
65-0787155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.