

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 14 PM 4:48

DOCUMENT # **H91850**

1. Corporation Name

H.B.R.O., INC.

Principal Place of Business

**6885 NW 169 ST. #B-
MIAMI FL 33143**

S2NB

Mailing Address

**6885 NW 169 ST. #B-
MIAMI FL 33143**



REINSTATEMENT *B*

01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6885 NW 169 ST

MIAMI FL

33017-1538

Country

3. New Mailing Office Address, If Applicable

PO Box 171538

Suite, Apt. #, etc.

MIAMI FL

33017-1538

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1985

5. FEI Number

65-0180192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HAWKESWORTH, JOANN	800 WEST AVE	MIAMI FL 33139
ST	HAWKESWORTH, JAMES	17343 N.W. 61 CT.	MIAMI FL 33015

300004704353--1
-12/04/01--01060-003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

**JOANN HAWKERWORTH
17343 N.W. 61 CT.
MIAMI FL 33015**

9. Name and Address of New Registered Agent

Name

JOANN HAWKERWORTH

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

6885 NW 169 ST #B

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/26/01

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

[Signature]

Date

10/26/01

Daytime Phone #

305 534-6768

CR2E040 (8/01)