

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -5 PM 4:29

DOCUMENT # P.00000D42170

1. Corporation Name

HJB INVESTMENTS INC.

REINSTATEMENT 02-03

2. Principal Office Address

1018 NANCY CIRCLE

3. Mailing Office Address

1018 NANCY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS

City & State

WINTER SPRINGS

Zip

32708

Country

USA

Zip

32708

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/99

5. FEI Number

59-3641089

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

HILDA J. BROOKS

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

1018 NANCY CIRCLE

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Hilda J. Brooks

REGISTERED AGENT MUST SIGN

Date

5/27/03

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
PRES	HILDA J BROOKS	1018 NANCY CIRCLE	WINTER SPRINGS FL 32708

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:

Hilda J. Brooks HILDA J BROOKS

Date

5/27/03

Daytime Phone #

407-856-1500

CR2E081 (10/02)