

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 2004 8:00 A.M.
Secretary of State

DOCUMENT # 59-3641836

1. Corporation Name

HBAB, Inc.

800000042695

REINSTATEMENT

500031294395
04/09/04--01056--006 **291.25

2. Principal Office Address

7993 SAADLEBROOK DR.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

Zip

Country

Zip

Country

34986

USA

4. Date Incorporated or Qualified To Do Business in Florida

5/01/00

5. FEI Number

59-3641836

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

ROBERT T. HANSEN

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

7993 SAADLEBROOK DR.

Suite, Apt. #, Etc.

City

PORT ST. LUCIE,

State

FL

Zip Code

34986

500031294395

03/29/04--01006--006 **758.75

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

Robert T. Hansen
REGISTERED AGENT MUST SIGN

Date 3/20/04

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
<u>Pres</u>	<u>ROBERT T. HANSEN</u>	<u>7993 SAADLEBROOK DR.</u>	<u>PORT ST. LUCIE, FL 34986</u>
<u>Sec Pres</u>	<u>JOLYNN HANSEN</u>	<u>"</u>	<u>"</u>

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:

Robert T. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04
Date

712-812-1200
Daytime Phone #

CFR2E081 (01/04)