

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000050894**

1. Corporation Name

**HBOA.COM, INC.**

Principal Place of Business

Mailing Address

**2400 EAST COMMERCIAL BLVD., SUITE 221  
FORT LAUDERDALE FL 33316**

**2400 EAST COMMERCIAL BLVD., SUITE 221  
FORT LAUDERDALE FL 33316**

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

2. New Principal Office Address, If Applicable

**5200 NW 33rd Ave.**

3. New Mailing Office Address, If Applicable

**5200 NW 33rd Ave.**

Suite, Apt. #, etc.

**Suite 215**

Suite, Apt. #, etc.

**Suite 215**

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33309**

Country

**USA**

Zip

**33309**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/23/2000**

5. FEI Number

**65-1021287**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P.D.	Gary Verdier	<b>5200 NW 33rd Ave. Suite 215</b>	<b>Ft. Lauderdale, FL 33309</b>
V.S.	William Shope	<b>5200 NW 33rd Ave. Suite 215</b>	<b>Ft. Lauderdale, FL 33309</b>

**200004733032--7**

**12/19/01--01053--009**

**\*\*\*158.75 \*\*\*158.75**

8. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES, INC.  
100 NE THIRD AVENUE SUITE 1100  
FORT LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**Peterson J. Donahue, Asst. Secretary**  
REGISTERED AGENT MUST SIGN

Date **10-26-2001**

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

**10/18/01**  
Date

**954-938-8010**  
Daytime Phone #

CR2EDM (8/01)

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HBOA.COM, INC.  
5200 NW 33<sup>RD</sup> Avenue, Suite 215  
Fort Lauderdale, FL 33309

October 26, 2001

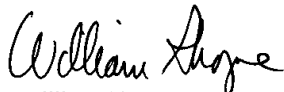
Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN

I was informed by counsel when they ran a printout from the Secretary of State on my Corporation, that my Corporation had been administratively dissolved due to the fact that the annual report for 2001 had not been filed. We are pretty thorough with our records keeping and if we would have received the form we would have responded immediately. We have moved and changed our address since the original filing, as you can see from the attached Application for Reinstatement form and therefore the form may have been sent to the old address and not forwarded on to our new one.

I ask that you take all factors into consideration and let us reinstate our corporation with the documentation attached.

Very truly yours,



William Shope  
Vice President - Operations