

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200112663582
11/28/07--01046--011 **1500.00

REINSTATEMENT 01-07
CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO0000067680

1. Corporation Name

HBK INC

2. Principal Office Address - No P.O. Box #

1890 COPENHAVER RD

3. Mailing Office Address

1890 COPENHAVER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Fort Pierce FL

Zip

Country

34945

St Lucie

Zip

Country

34945

St Lucie

4. Date Incorporated or Qualified To Do Business in Florida

7-11-2000

5. FEI Number

65-1030775

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

Howard B. Krick

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

1890 COPENHAVER RD

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34945

The reinstatement fee is imposed, 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 reinstatement fee be waived.

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

Howard Krick

REGISTERED AGENT MUST SIGN

Date 11-22-07

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
owner	Howard Krick	1890 COPENHAVER RD	Fort Pierce FL 34945

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 contained in Chapter 119, 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:

Howard Krick

Howard Krick

11-22-07

11-22-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/07