


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED
 02 MAR 15 AM 10:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000084395
1. Corporation Name
 HEWLETT PUBLICATIONS SERVICES, INC.

2. Principal Office Address 8749 N.W. 57TH ST. Suite, Apt. #, etc.		3. Mailing Office Address 6466 NW 5 WAY Suite, Apt. #, etc.	
City & State TAMARAC FL		City & State FORT LAUDERDALE FL	
Zip 33319	Country USA	Zip 33309	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/7/00

5. FEI Number 65-1038371 **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 CAROLE BECKER **100005195751--1**

Street Address (P.O. Box Number is Not Acceptable) 8749 N.W. 57TH ST. **-04/05/02--01060--003**

Suite, Apt. #, Etc. *****300.00 ***300.00

City TAMARAC **State** FL **Zip Code** 33319

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 *Carole Becker* **Date** 3/13/02

REGISTERED AGENT MUST SIGN

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
PSTD	CAROLE BECKER	8749 N.W. 57TH ST.	TAMARAC FL 33319

01-02 UBR T8

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: *Carole Becker* **3/13/02** **954-776-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/01)

Page 2 of 2

Passariello & Staiano

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

March 8, 2002

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

Re: Taxpayer Name: Hewlett Publications Services, Inc.
Document Number: P00000084395
Tax Form: Uniform Business Report
Tax Period: 2001 and 2002

Gentlemen,

We are writing as the accountants for the above referenced taxpayer.

Enclosed please find the Corporation Reinstatement Report for the above referenced taxpayer with a check in the amount of \$300.00. The taxpayer had not received any original Uniform Business Reports which were due and payable by May 1, 2001 and May 1, 2002. Please accept their fee in the amount of \$300.00 as they had not received any of their Uniform Business Reports since they incorporated September 7, 2000.

If you have any questions, please feel free to call us between the hours of 9 a.m. and 5 p.m. Monday through Friday at (954) 776-1444.

Sincerely,

PASSARIELLO & STAIANO, C.P.A.



Giulio Staiano, C.P.A.

Encl.