

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000087337

1. Corporation Name

H & B INVESTMENT GROUP, INC.

Principal Place of Business

6859 SOUTH MARINA WAY
STUART FL 34996

Mailing Address

6859 SOUTH MARINA WAY
STUART FL 34996

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

2. New Principal Office Address, If Applicable

1840 N.E. JENSEN BEACH
BLVD.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

JENSEN BEACH
Zip 34957 Country U.S.A.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2000

5. FEI Number

651031777

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	SCHERER, HANS	6859 SOUTH MARINA WAY	STUART FL 34996
	<i>N/A Applicable</i>		
2	SCHERER, ELIZABETH	6859 SOUTH MARINA WAY 1840 N.E. JENSEN BEACH BLVD.	STUART FL 34996 JENSEN BEACH 34957
			500004669785--5 -11/06/01--01089--002 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

MADDEN, JOHN W ESQ
759 S. FEDERAL HWY STE 212
STUART FL 34994

9. Name and Address of New Registered Agent

Name
JOHN W. MADDEN ESQ.
Street Address (P.O. Box Number is Not Acceptable)
759 S. FEDERAL HIGHWAY
Suite, Apt. #, Etc.
Suite 310
City
STUART
State
FL
Zip Code
34994

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

John W. Madden
REGISTERED AGENT MUST SIGN

Date 10/15/01

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:

ELIZABETH SCHERER
Elizabeth Scherer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01
Date

561-3349002
Daytime Phone #

10/15/01

2012

To: Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee Fl. 32314

From: H & B Investment group Inc
816/A Franco's Restaurant
1840 A.C. Jensen Beach Blvd.
Jensen Beach Fl. 34957
Phone 561-334 9002

Re: P00000087337

I am returning attached application along
with a check for \$158.75. (\$8.75 additional
for a Certificate of Status.

Since I never received any paperwork
previously, I hope this is in accordance
with your regulations.

Sincerely
Elizabeth Scherer Pres. Sec.
H & B Investment group Inc.