

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -2 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021008

1. Corporation Name

HBR, INC.

Principal Place of Business

223 PERUVIAN AVE  
PALM BEACH FL 33480

Mailing Address

223 PERUVIAN AVE  
PALM BEACH FL 33480



300008958899

11/13/02--01024--012 \*\*608.75

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1097319

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BEATTIE, HAMLIN III	1263 N LAKE WAY	PALM BEACH FL 33480
S	RAFFO, DICK	173 E INLET DR	PALM BEACH FL 33480
T	HENDERSON, CHARLES	211 VIA BRISAS	PALM BEACH FL 33480

300008958899

12/02/02--01008--001 \*\*141.25

8. Name and Address of Current Registered Agent

BROBERG, PETER A  
223 PERUVIAN AVE  
PALM BEACH FL 33480

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Peter A. Broberg*  
REGISTERED AGENT MUST SIGN

Date 10.30.02

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:

*Peter A. Broberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)