

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035754

1. Corporation Name

HB MAINTENANCE INC.

Principal Place of Business

3915 25TH ST W
BRADENTON FL 34205

Mailing Address

3915 25TH ST W
BRADENTON FL 34205



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

~~4609 - 26th Ave E~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~4609 - 26th Ave E.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/27/2002

City & State
~~Bradenton FL~~

Zip
~~34280~~

Country
USA

City & State
~~Bradenton FL~~

Zip
~~34280~~

Country
USA

5. FEI Number

~~15 02-0575762~~

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
Director	Bello, Hans P	3915 - 25 th st. E	Bradenton FL 34205

8. Name and Address of Current Registered Agent

BELLO, HANS P
3915 25TH ST W
BRADENTON FL 34205

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

SIGNATURE

Date 10-31-03

REGISTERED AGENT MUST SIGN

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:

Hans P Bello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-03

Date

Daytime Phone #

CPRE040 (7/03)

October 27, 2003

Department Of State
Divisions Of Corporations
P.O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find my application for reinstatement, along with this request to waive my fees due to the following reasons. I sent in the original report with my change of address and a check for \$150.00 on April 26, 2003, check number 1516. I inadvertently did not fill in # 10 (title, name, etc.). A notice, concerning this, was sent to my previous address. Unfortunately it was not forwarded to me by the new owner until after the due date. After receiving the notice, I immediately submitted it to you with the change.

A couple of days ago, another notice was sent to my previous address. This notice was your Notice of Revocation. I called your office to ask for a waiver of the \$750.00 fee. I was advised to send a letter to that effect with the completed form.

I respectfully request that you consider the reinstatement of my Corporation, without the additional fees. It has been a very difficult year already, I do not have the means to pay the reinstatement fees.

Thanking you for your consideration.

Sincerely,



Hans P. Bello
4609 26th. Avenue East
Bradenton, FL 34280