

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 27 AM 8:10

DOCUMENT # P02000103228

1. Corporation Name
HLBRS, INC.

W04-42738

REINSTATEMENT

03-04

2. Principal Office Address
2128 HOLLYWOOD BLVD

3. Mailing Office Address
2128 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

US

Zip

33020

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/02

5. FEI Number 20-0544549

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

FRANK J. MANCINI

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

2128 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Frank J. Mancini

Date 11/3/04

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
PD	RANDY L. MERREN	2128 HOLLYWOOD BLVD	HOLLYWOOD, FL 33020
SD	BRYCE MERREN	2128 HOLLYWOOD BLVD	HOLLYWOOD, FL 33020
T	SHANNA MERREN	2128 HOLLYWOOD BLVD	HOLLYWOOD, FL 33020
D	SHARLEEN A. DUVAL	2128 HOLLYWOOD BLVD	HOLLYWOOD, FL 33020

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:

Sharleen A. Duval

Sharleen A. Duval

11/3/04

Date

954-257-6793

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3