

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016097

1. Entity Name
HB SPECIAL SERVICES, INC.



Principal Place of Business
18831 N.W. 29TH PLACE
MIAMI, FL 33056

Mailing Address
18831 N.W. 29TH PLACE
MIAMI, FL 33056

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

11132006 REIN-P CR2E098 (11/05)

4. FEI Number
84-1616961

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLBACK, BRUCE D
18831 N.W. 29TH PLACE
MIAMI, FL 33056

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PST
NAME HALLBACK, BRUCE D
STREET ADDRESS 18831 N.W. 29TH PLACE
CITY-ST-ZIP MIAMI, FL 33056

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700082813167
12/28/06--01010--002 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

12/28/06

P03000016097 R
HB SPECIAL SERVICES, INC.
18831 N.W. 29TH PLACE
MIAMI FL 33056

THIS Letter is to confirm
THAT I, BRUCE D. HALLBACK, PRESIDENT
OF HB SPECIAL SERVICES, INC.

NEVER RECEIVED CARD TO
UPDATE BUSINESS / OFFICER STATUS.

ATTACHED IS A CHECK FOR
\$158.75

Thank you,

B. D. H