

2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2007 DEC 24 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252007 REIN-P CR2E098 (1/07)

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 84-1616961	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HALLBACK, BRUCE D 18831 N.W. 29TH PLACE MIAMI, FL 33056			7. Name and Address of New Registered Agent 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, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HALLBACK, BRUCE D 18831 N.W. 29TH PLACE MIAMI, FL 33056 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900113368739 12/24/07--01018--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>B. D. Hallback</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12/13/07 Date Daytime Phone #		

12/24/07

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

12/13/07

I, Bruce D. Hallback, Herby certify
THAT I DID NOT RECEIVE CORPORATION PAPERS
TO UPDATE OFFICERS AND REGISTERED AGENT.

I HAVE BEEN UNABLE TO CONDUCT BUSINESS
IN THE ABOVE NAME CORPORATION BECAUSE OF THE
DEATH OF MY DAUGHTER 11/10/07, FOR THE ENTIRE
YEAR OF 2007, MY DAUGHTER HAS BEEN BATTLING CANCER.
ATTACHED IS CHECK # 1655 IN THE AMOUNT OF
\$150.00 FOR RE-INSTATEMENT OF ABOVE CORPORATION.

ALSO ATTACHED IS A COPY BURIAL PROGRAM
IN WHICH MY DAUGHTER WAS BURIED 11/10/07
PLEASE FORGIVE MY UNTIMELY FILING OF CORPORATE
PAPERS & RE-INSTATE MY CORPORATION, THANK
YOU VERY MUCH.

NOTE: NO CHANGES IN OFFICERS
OR REG AGENT.

Bruce D. Hallback
(305) 525-8661
