


112

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 24 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016097		
1. Entry 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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10252007 REIN-P CR2E098 (1/07)

City & State	City & State	4. FEI Number 84-1616961	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

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	
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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	
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900113368739 12/24/07--01018--008 **150.00
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"/> Change <input type="checkbox"/> Addition
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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: B. D. Hallback 12/13/07 Date Daytime Phone # \_\_\_\_\_

12/24/07

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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.

Bruce D. Hallback  
(305) 525-8661  


NOTE: NO CHANGES IN OFFICERS  
OR REG AGENT.