


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016097 1. Entity Name HB SPECIAL SERVICES, INC.	
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FILED
09 JAN -6 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 84-1616961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLBACK, BRUCE D		NAME		
STREET ADDRESS	18831 N.W. 29TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP		
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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: Bruce D Hallback Date: 12/24/08 (305) 525-8669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #