


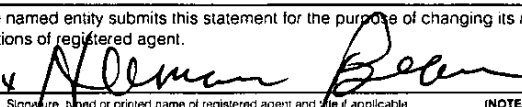
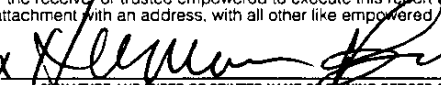
2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P04000102551			
1. Entity Name H B ONE INC.			
Principal Place of Business 3710 NW 21ST ST SUITE 409 LAUDERDALE LAKES, FL 33311		Mailing Address 3710 NW 21ST ST SUITE 409 LAUDERDALE LAKES, FL 33311	
2. Principal Place of Business - No P.O. Box # 2660 NW 22nd ST Suite, Apt. #, etc. Ft Lauderdale FL City & State 33311		3. Mailing Address 2660 NW 22nd ST Suite, Apt. #, etc. Ft Lauderdale FL City & State 33311	
4. FEI Number 36-4557675		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 BROWN, HERMAN 3610 NW 21 STREET APT 409 LAUDERDALE LAKES, FL 33311		7. Name and Address of New Registered Agent Name: Brown, Herman Street Address (P.O. Box Number is Not Acceptable): 2660 NW 22nd ST City: Ft Lauderdale FL Zip Code: 33311	
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:  Herman Brown 2/20/07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HERMAN 3710 NW 21ST ST SUITE 409 LAUDERDALE LAKES, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Herman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2660 NW 22nd ST FT Lauderdale FL 33311
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	200092220252 03/12/07--01015--019 **185.00 <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
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:  HERMAN BROWN 2/20/07		Date: 2/20/07 Daytime Phone #	