

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000150627

1. Corporation Name

H M BUSINESS & SERVICES CORP

2. Principal Office Address - No P.O. Box #

4720 SALISBURY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

4720 SALISBURY ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32256

Country

US

Zip

32256

Country

US

**7. Name and Address of Current Registered Agent**

Name

HAROLD McLAURIN

Street Address (P.O. Box Number is Not Acceptable)

4720 SALISBURY ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Harold Mc Laurin*

REGISTERED AGENT MUST SIGN

Date 11/16/2009

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	HAROLD McLAURIN	4720 SALISBURY ROAD	JACKSONVILLE, FL 32256

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Harold Mc Laurin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/2009

Date

Daytime Phone #

**FILED**

09 OCT 19 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

900161883039  
10/19/09--01003--021 \*\*500.00  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2005

5. FEI Number

☒

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.