PLEASE READ /	ALL INSTRUCTIONS	BEFORE C	OMPLEŢ	ING THIS FORM.	lo-2
RELICATION OF REILL TEMENT	Sandra B Secreta DIVISION OF CORPO	rtham State	<u></u>	PHOVED AND FILED	144
DOCUMENT # P09991	DIVISION OF CORPO	PRATIONS	99 JAN	80:IIMA eik	
HB Manufacturing G., Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Medino Address					
7410 Champagne Place Boca Raton, FL 33433			6000027502560 -01/21/3901094020 ****665.00 ****665.00		
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida April 18, 1946		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State	City & State		<u>52-055</u>		Not Applicable
Zip Country	Zip Countr	'y 	CERTIFICATE		dditional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director					
PlD Lawrence M. He	yman 7410 Ch	lampaque	Place	Boca Raton	,FL 33433
V/D Darren L. Heyman 19500 Turnbury Way \$30 N. Miami Beach Fl 33180					
St/D Martin Parks 819 Park Ave				Baltimore, N	D 21201
8. Name and Address of Current Ro	egistered Agent	None	9. Name and A	ddress of New Registered Agen	t
Laurence M. Heyman 7410 Champagne Place Street Address			O, Box Number is Not Acceptable)		
Laurence M. Heyman 7410 Champegne Place Boca Raton, FL 33 433		Suite, Apt. #, Etc.			
City			State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Must Sign REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Intangible 1 (See other start information on subliquide tax.)					
12. 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 under section 119.07(3)(i), 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. A Lawrence M. Heyman					
SIGNATURE: Dawrence M. Heyman 12/22/98 561-394-6010 SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Dayline Phone #					



H/B Manufacturing Company, Inc.

January 12, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ATTN: Ms. Trevor Bumbley

Dear Ms. Bumbley,

I do not know how this corporation dissolved as I am very careful to pay my bills on time. The only thing I can think of is either the notification was lost in the mail or that the mail was not forwarded to me when I moved. The very last thing I would ever want to lose is my corporate standing in the state. If you would check my business and personal credit you will find that I pay my bills within 30 days.

Pursuant to our telephone conversation, I have enclosed a check for \$665.00 and I appreciate your consideration in this matter. Thank you and I wish you a happy and healthy New Year.

Sincerely,

Lawrence M. Heyman

President

ENC: Application for Reinstatement & check

lavrer W. Heyman