

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUN -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015580

1. Corporation Name

HB & SB INC.

Principal Place of Business

Mailing Address

1284 HAMILTON ST
JACKSONVILLE FL 32205

1284 HAMILTON ST
JACKSONVILLE FL 32205

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

7523 N. Main Street
Suite, Apt. #, etc.

P.O. Box 60542
Suite, Apt. #, etc.

City & State

City & State

Jax, FL

Jax, FL

Zip 32208

Country Duval

Zip 32236

Country Duval

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1994

5. FEI Number

59-3240405

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	BOWMAN, HENRY L II	1284 HAMILTON ST	JACKSONVILLE FL 32205
DVS	BOWMAN, STEPHANIE A	1284 HAMILTON ST	JACKSONVILLE FL 32205

REINSTATEMENT

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****999.00 ****999.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANIER, W.D. JR.
6628 HYDE GROVE AVENUE
JACKSONVILLE FL 32210

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

W.D. Lanier Jr.
REGISTERED AGENT MUST SIGN

Date

5/25/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.D. Lanier Jr.

Date

Daytime Phone

1-1-98 904-746-5860