

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 19 PM 3: 33

DOCUMENT # P97000015096

1. Corporation Name

H&B GLOBAL CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700134952997
08/26/08--01011--013 **750.08

REINSTATEMENT

CR2E081 (12/07)

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

10135 SW 124 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

10135 SW 124 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1997

5. FEI Number
65-0744520

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75

7. Name and Address of Current Registered Agent

Name

LOWELL M. GOODE

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

6330 SW 41 Court

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33314

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.

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

Lowell M. Goode

REGISTERED AGENT MUST SIGN

Date

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
PTD	Hassain Issa	10135 SW 124 STREET	MIAMI, FL 33176
VSD	Fatima Issa	10135 SW 124 STREET	MIAMI, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-25-08

Daytime Phone #