

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P98000071432**

1. Entity Name  
**HBH INSURANCE GROUP, INC.**



APPROVED  
AND  
FILED

05 MAR 14 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**200 FORREST AVE  
COCOA, FL 32922**

Mailing Address  
**200 FORREST AVE  
COCOA, FL 32922**

2. Principal Place of Business  
**200 Forrest Avenue**

3. Mailing Address  
**PO Box 508**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Cocoa, FL 32922**

City & State  
**Cocoa, F**

Zip  
**32922**

Country

Zip  
**32923-0508**

Country  
**USA**

03102005 REIN-P

CR2E098 (6/04)

*MRS*

4. FEI Number  
**59-3529207**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**BAUGHAN, SCOTT M ESQ  
1290 FEDERAL HIGHWAY  
ROCKLEDGE, FL 32955**

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

Name  
**Wendell Harrison**

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

**200 Forrest Avenue**

City  
**Cocoa**

FL Zip Code  
**32922**

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.

**REINSTATEMENT 04-05**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE  
**P**  
NAME  
**HARRISON, WENDELL**  
STREET ADDRESS  
**1102 FAIRLAWN DR**  
CITY-ST-ZIP  
**ROCKLEDGE, FL 32955**

☐ Delete

TITLE  
**VP**  
NAME  
**HEWELL, DEBORAH**  
STREET ADDRESS  
**5921 JENKINS AVE**  
CITY-ST-ZIP  
**COCOA, FL 32927**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**VP**  
NAME  
**Mary B. Harrison**  
STREET ADDRESS  
**1675 S. Fiske Blvd**  
CITY-ST-ZIP  
**Rockledge, FL 32955**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

**300049336413**  
**03/29/05--01009--003 \*\*300.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**Wendell D. Harrison**

**SIGNATURE:** *Wendell D. Harrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/05 321-632-6225**  
Date Daytime Phone #