

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -5 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name *Honey Place Homeowners Assoc. Inc*
766182

C/o Miami Management

2. Principal Office Address
1145 Sawgrass Corp Pkwy

3. Mailing Office Address
SAME

City & State
Sunrise, FL

City & State
SAME

Zip
33323

Country
U.S.

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2249510

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Bakalar, Brough + Chadron, PA

Street Address (P.O. Box Number is Not Acceptable)
150 So. Pine Island Rd. Suite 540

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 *[Signature]* Date *4/7/03*

REGISTERED AGENT MUST SIGN

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
V.P.	Gene Woode	1710 SW 84 Ave	Miramar, FL 33025
D	Abdool Ghani	1750 SW 83 Terr	Miramar, FL 33025
Sec Treas	Barbara Laxton	1778 SW 85 Ave	Miramar, FL 33025
D	Anthony Haynes	1789 SW 83 Terr	Miramar, FL 33025
Pres.	Gregg Fernandez	1781 SW 84 Terr	Miramar, FL 33025
D	Noel Gordon	1799 SW 83 PL	Miramar, FL 33025

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 817, 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 817.0401, 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.

D - Kinjal Mbagri *1721 SW 82 Terr* *Miramar, FL 33025*

SIGNATURE: *[Signature]* Date *4/16/03* Daytime Phone # *954-553-3807*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (10/02)

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