

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41185**

1. Corporation Name

Honig Stormwater Management Association, Inc.

Principal Place of Business

Mailing Address

1300 Thomaswood Drive
Tallahassee, FL 32312

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

96 DEC -4 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/05/96--01012--007

***481.25 ***481.25

REINSTATEMENT **92-916**

4. Date Incorporated or Qualified
To Do Business in Florida
December 11, 1990

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.S. T.D.	Charlie E. Ellis agent for Claes Honig	Collett & Associates 100 N. Tryon St., Suite 4170	704/376-6523 Charlotte, NC 28202
VP,D	Jon Burgin	Brinker Florida Inc. 6820 LBJ Freeway	972/770-9481 Dallas, Texas 75240
VP,D	Matthew Felling	Pizza Hut of Florida 5603 North W. Street	904/432-1085 Pensacola, FL 32505

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Henree Martin
1621 Metropolitan Blvd.
#101
Tallahassee, FL 32308

Name
Michael P. Bist

Street Address (P.O. Box Number is Not Acceptable)
1300 Thomaswood Drive

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32312

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

REGISTERED AGENT MUST SIGN

Date

12/4/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Charlie E. Ellis

Charlie E. Ellis

As Agent for Claes Honig 11/27/96 704/376-6523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (12/95)