

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

654618

1. Corporation Name

HONEY CAB I, Inc.

2. Principal Office Address

3558 Magellan Cr.

Suite, Apt. #, etc.

#138

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-18-83

5. FEI Number

592323963

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

MALKA Kornicki

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

3558 Magellan Circle #138

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

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

Malka Kornicki

REGISTERED AGENT MUST SIGN

Date

11-6-2000

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
VP	MOTT KORNICKI	3558 Magellan Cr.	Aventura FL 33180

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 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:

Malka Kornicki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-2000

Date

305-935-2333

Daytime Phone #

CR2E081 (9/99)