

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000005314

Name and Mailing Address

0006453 01 FP 0.352 **PRSRT TO O 0615 33584-587505



HONORTECH LLC
2605 TULIP TREE CIR
SEFFNER FL 33584-5875

MJM



1/14 2002-2003

2. New Mailing Address

City, State, Zip

Principal Place of Business

2605 TULIP TREE CIR
SEFFNER FL 33584

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/06/2001

6. FEI Number

59-3707542

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

JEFFREY, SHREAVES R
2605 TULIP TREE CIR
SEFFNER FL 33584

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 1/2/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Treasurer	Denise P. Shreaves	2605 Tulip Tree Circle	Seffner, FL 33584

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date

1/2/03

Daytime Phone #

813-684-7404

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)