

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 NOV -7 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87036

1. Corporation Name

HONEYCOMB COMPOSITE SYSTEMS, INC.

Principal Place of Business

Mailing Address

7820 NW 74TH ST
MIAMI FL 33166

7820 NW 74TH ST
MIAMI FL 33166

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1988

5. FEI Number

65-0056242

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LEVER, ALBERTO	15050 S.W. 89 CT.	MIAMI FL
VP	ROSETE, ROBERT	3901 SW 134TH AVENUE	MIRAMAR FL

200008878912
11/07/02--01089--006 **150.00

11/5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVER, ALBERTO
7820 NW 74TH ST
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-5-02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



HONEYCOMB COMPOSITE SYSTEMS, INC.

FAA Cert. # HYKR484K

7820 N.W. 74th Street • Miami, FL 33166-2314
Phone: (305) 594-1792 • Fax: (305) 592-7403

November 5, 2002

To: Florida Department of State
From: Robert Rosete
Re: Honeycomb Composite Systems, Inc. Doc# M87036

To Whom It May Concern:

Attached please find our application for reinstatement for Honeycomb Composite Systems, Inc. doc. # M87036.

We didn't receive either of the previous reports. We apologize for the oversight and kindly request the reinstatement of our corporation.

Should you need further information please don't hesitate to call me at (305)-594-1792.

Sincerely Yours,

Robert Rosete
VP Secretary