

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED**

**APPLICATION
FOR
REINSTATEMENT**



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

**AND
FILED**

1997 APR 16 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N 95 000004099(6)

HONEY'S Place, INC.

Principal Place of Business

Mailing Address

15183 NE 21 AVE SAME
North miami Beach, FI 33162

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

See above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-23-95

Applied For

☒ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HONEY HARTMAN	5618 S.W. 36 ST	Hollywood, FI 33023
D	Angelo ATTANASIO	5618 S.W. 36 ST	Hollywood, FI 33023
D	Rhonda Simon	5618 SW. 36ST	Hollywood, FI 33023

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Honey HARTMAN, ESQUIRE
5618 SW 36 ST.
Hollywood, FI

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
300002148043--6
Suite, Apt. #, Etc. -04/18/97--01095--003
City *****297 50 State Zip Code
FL

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

Honey Hartman, Esquire
REGISTERED AGENT MUST SIGN

Date 4-4-97

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Honey Hartman

4-4-97

Date

Daytime Phone #

305 9406090

CR2E040 (12/95)