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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 21 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-03

300012968023
02/21/03--01096--006 **900.00

DOCUMENT # P01000025586

1. Corporation Name

Honey Hill Properties Inc.

2. Principal Office Address	3. Mailing Office Address
17800 SW 57 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale Fl	City & State
Zip: 33331 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 3/8/01

5. FEI Number: SSN-145-24-8952 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ronald Esposito

Street Address (P.O. Box Number is Not Acceptable): 2955 NW 73 Street

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33147

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: Ronald Esposito Date: 2/19/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Ronald Esposito	2955 NW 73 ST	Miami Fl 33147

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: Ronald Esposito Ronald Esposito 2/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #