

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 DEC 23 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000049695

**1. Corporation Name**

A-1 Honing Service, Inc.

**2. Principal Office Address**

39 Sea Island Drive N

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

Volusia

**3. Mailing Office Address**

39 Sea Island Drive N

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

Volusia

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/9/01

**5. FEI Number**

59-3708190

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

BARBARA GILMORE

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

39 Sea Island Dr. N.

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32176

**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

Barbara Gilmore

Date 12-17-02

REGISTERED AGENT MUST SIGN

**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
P	Paul Gilmore	39 Sea Island Dr., N	Ormond Beach, FL 32176
ST	Barbara Gilmore	39 Sea Island Dr., N	Ormond Beach, FL 32176

**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:

Paul Gilmore

Paul Gilmore, President

Date

386-615-0724

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (9/01)

12/30

***A-1 Honing Service, Inc.  
Paul Gilmore, President  
39 Sea Island Dr. N.  
Ormond Beach, Florida 32176  
Phone (386) 615-0724***

November 25, 2002

Department of State  
Division of Corporations  
~~Corporate Filings~~  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam,

It has come to my attention that A-1 Honing Service, Inc. has become administratively dissolved, and inactive, effective October 04, 2002. Enclosed is the completed application for corporate reinstatement along with the fee of \$150.

I respectfully request the Department of State waive penalties for reinstatement. A-1 Honing Service, Inc. did not receive any correspondence from the Division of Corporations or I would have acted in a timely manner. I believe correspondence may have been sent by the Division however the Company moved in May of 2002 and did not receive any forwarded notice or reporting form.

Should need additional information, please contact me at the number listed above.

Sincerely,



Paul Gilmore  
President

Enclosure