## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLEASE REAL	ALL INS	STRUCTIO	NO BEFURE	COMPLET	ING THIS FOR	М.	
AP	PLICATION	FLORIC	FLORIDA DEPARAMENT OF STATE					
FOR Jim Smith Secretary of State					FILED			
REINSTATEME DIVISION OF CORPORATIONS					02 NOV 20 AM   : 18			
DOCUMENT # <b>P01000099907</b>								
1. Corporation Name						SECRITARY OF STATE FALLAMANCEE, FLORIDA		
HONE	DA KINGS, INC.					Principle Control Control	A 70°11.78	
Principal F	Place of Business	Mailing Ad-	Idroop					
13070 CAI		•	13070 CAIRO LANE				# ###	
	KA FL 33054		OPA LOCKA FL 33054					
If above : 2. New Pr	addresses are incorrect in any way, line t rincipal Office Address, If Applicable		incorrect information and enter correction below.  New Mailing Office Address, If Applicable		4 Data Incom	torotad or Qualified		
Suite, Apt.			Suite, Apt. #, etc.		To Do Busi	porated or Qualified iness in Florida	10/15/2001	
City & Stat	•				5. FEI Numbe		Applied For	
•			City & State		<u>                                    </u>	145073	Not Applicable	
Zip	Country	Zip	С	ountry	1	E OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (F	lorida nonprofit co					
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Directo		City .	/ State / Zip	
PD <sub>.</sub>	ESTEVEZ, ESTEBAN	13070 CAIR	O LANE		OPA LOCKA FL 33054			
PD	ESTEVEZ, ESTEBAN	13070 CAIR	O LANE	OPA LOCKA FL 33054				
					90	0009090	aco	
<del></del>				7-10-	— 11 <del>/2</del> 0/	<del>/2 01010 009</del>	**150.00	
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent			
	/EZ, ESTEBAN		Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
	CAIRO LANE OCKA FL 33054	Suite, Apt. #, Etc.			S. Dex Not the Not Neceptable)			
OIAL	OOKA 1 E 35054							
				City		St	ate Zip Code	
D. I, being	appointed the registered agent of the ab	ove named corp	ooration, am famili	ar with and accept the ol	bligations of Secti			
		0 1				,		
ignature of egistered .	Agent / Stelland	TE TE	FREQ	UIRED		Date 11/13/2	7.	
	F	EGISTERED AC	GENT MUST SIGI	N		Date		
1. I certify this rein:	that I am an officer or director or the rece statement application, the reason for diss	iver or trustee er olution has beer	empowered to execute the compared to execute the compared to t	cute this application as p	rovided for in cha	pter 607 or 617, F.S. I furth	er certify that when filing	
owed by	the corporation have been paid and the application is true and accurate, and my s	names of individ	duals listed on this	s form do not qualify for a	an exemption und	ter section 119.07(3)(i), F.S	3. The information indicated	
	(	G	• • · · · · · · · · · · · · · · ·		Jan.			

Date Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office

C.P.A., P.A.

CERTIFIED BLIC ACCOUNTANT

11900 Biscayne Boulevard - Suite 290

North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815 Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815 Fax: (305) 895-6273

November 8, 2002

Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

re: Honda Kings, Inc. P01000099907

The company is enclosing a check for \$150.00 for renewal of the Uniform Business Report.

Even though the report is late the new company owner would like an abatement of the penalty or interest because they just bough this company and as a new owner they were not aware of these fees. The report initially stayed behind in a stock pile of legal papers and documents that were not discovered until just now.

Thanking you in advance for your kind and prompt attention in this matter, I remain.

Very truly yours

Kim Marks, CPA