

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 16 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PO 1000108379

1. Corporation Name

HONEYBEE GROUP, INC.

REINSTATEMENT 02-03

400019184384

05/16/03--01069--014. **900.00

2. Principal Office Address

471 CIDERMILL PLACE

3. Mailing Office Address

471 CIDERMILL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY, FLORIDA

City & State

LAKE MARY, FLORIDA

Zip

32746

Country

USA

Zip

32746

Country

USA

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

NOV 9, 2001

5. FEI Number

☒

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

ROLANDO ALMENDAREZ

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

471 CIDERMILL PLACE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

ROLANDO ALMENDAREZ

Date 5/9/03

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
PRES SEC & TRES	ROLANDO ALMENDAREZ	471 CIDERMILL PL	LAKE MARY, FL

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:

ROLANDO ALMENDAREZ

5/9/03

407-302-8632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

7/5/22