


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000071667</b> 1. Entity Name <b>HONEY PORT CORP.</b>						<b>FILED</b> <b>08 OCT 16 PM 2:29</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>435 NW 90 ST</b> <b>MIAMI, FL 33150</b>				Mailing Address <b>435 NW 90 ST</b> <b>MIAMI, FL 33150</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MOLENTINO, RICHARD R</b> <b>435 NW 90 ST</b> <b>MIAMI, FL 33150</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MOLENTINO, RICHARD R 435 NW 90 ST MIAMI, FL 33150			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOLENTINO, RICHARD R 435 NW 90 ST MIAMI, FL 33150			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOLENTINO, RICHARD R 435 NW 90 ST MIAMI, FL 33150			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOLENTINO, RICHARD R 435 NW 90 ST MIAMI, FL 33150			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOLENTINO, RICHARD R 435 NW 90 ST MIAMI, FL 33150			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOLENTINO, RICHARD R 435 NW 90 ST MIAMI, FL 33150			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOLENTINO, RICHARD R 435 NW 90 ST MIAMI, FL 33150			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>RICHARD MOLENTINO</b> <small>Date</small>			
_____ <small>Daytime Phone #</small>				<b>10-13-08 325-300-8960</b> <small>Daytime Phone #</small>			