

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:44

DOCUMENT # FD3000135840

1. Corporation Name

9608 Honey BELL CORP

2. Principal Office Address

9608 Honey BELL CORP

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip

33437

Country

USA

3. Mailing Office Address

9608 Honey BELL CORP

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip

33437

Country

USA

REINSTATEMENT 04-06

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

5. FEI Number

APPLIED FOR

☒ 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

DENNIS M BOYCE ESQ

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

480 MAPLEWOOD DRIVE

Suite, Apt. #, Etc.

5

City

JUPITER

State

FL

Zip Code

33455

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

[Signature]

Date

10/12/06

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	LAWRENCE SHANTMAN	9608 Honey BELL CORP	BOYNTON BEACH FL 33437

2006100925362
10/17/06-01042-021 **450.00

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/06

Daytime Phone #

2 of 2

Lawrence Scharfman & Co., CPA P.C.

Certified Public Accountants

18 E. SUNRISE HIGHWAY, #203
FREEPORT, NY 11520
TELEPHONE: (516) 771-5900
FACSIMILE: (516) 771-2598

9608 HONEY BELL CIRCLE
BOYNTON BEACH, FL 33437
TELEPHONE: (561) 733-0296
FACSIMILE: (561) 740-0613

10/12/06

RE: 9608 HONEY BELL COM DID NOT RECEIVE
ANNUAL REPORT NOTICES IN YEAR OF
DISSOLUTION.

L. Scharfman
PRESIDENT