

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 AUG 24 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **994000054856**

1. Corporation Name

HONOR Building Services, INC.

2. Principal Office Address

21508 woodchuck way

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33428

Country

USA

3. Mailing Office Address

21508 woodchuck way

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33428

Country

USA

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

7/28/94

5. FEI Number

650575778

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

Alexander Martinez

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

21508 woodchuck way

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

Alexander Martinez
REGISTERED AGENT MUST SIGN

Date

Aug 23/00

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
Presi dent	Alexander Martinez	21508 woodchuck way	BOCA RATON, FL 33428

AD

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:

Alexander Martinez
Alexander Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug 23/00 (561) 487-9592

Daytime Phone #

CR2E081 (9/99)