

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 P94000071162  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 99 JUN 23 PM 5:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **HONEY POT, INC.**

Principal Place of Business Mailing Address  
**12987 Walsingham Rd. 2336 Kings Pointe Dr.**  
**Largo, FL 33774 LARGO, FL 33774**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>9-28-94</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3270595</b>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Sherry Noon	2336 Kings Pointe Dr.	Largo, FL, 33774
Director	David Noon	2336 Kings Pointe Dr.	Largo, FL, 33774
President			
Director			
Vice Pres.			
Director			
Secretary			

REINSTATEMENT 95-99 (CUS)  
 NJ 6-25-99

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8. Name and Address of Current Registered Agent

**SHERRY Mitrovic**  
**400 West Bay Dr.**  
**Largo, FL 34640**

9. Name and Address of New Registered Agent

Name **DAVID NOON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2336 Kings Pointe Dr.**  
 Suite, Apt. #, Etc.  
 City **Largo** State **FL** Zip Code **33774**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **6/21/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

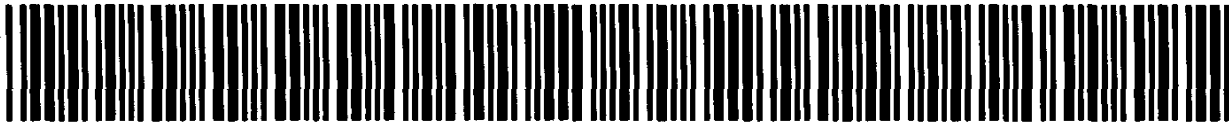
(See other side for information on intangible tax.)

12. 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/20/99** Daytime Phone # **727-517-0105**

Tracking #: 800002913878



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