

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600009612396

12/20/02--01023--003 **150.00

DOCUMENT # P94000071162

1. Corporation Name

HONEY POT BOUTIQUE INC.

Principal Place of Business

12987 WALSHINGHAM ROAD
LARGO FL 33774

Mailing Address

12987 WALSHINGHAM ROAD
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

09/28/1994

5. FEI Number

59-3270595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PTD	NOON, SHERRY	2336 KINGS POINTE DRIVE	LARGO FL 33774
VSD	NOON, DAVID	2336 KINGS POINTE DRIVE	LARGO FL 33774

8. Name and Address of Current Registered Agent

MARTIN, JOHN P
401 S LINCOLN AVE
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/17/02

11. 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

Daytime Phone #

12/17/02 327 3129

Honey Pot Boutique Inc.

12987 Walsingham Road

Largo, Fl. 33774

Phone: 727-596-3929

Fax: 727-596-9980

honeypot@honeypotboutique.com

December 17, 2002

To: Division Of Corporations

Dear Sir or Madame,

We ask that you re-instate our corporate identity, as the paper work (UBR) was not delivered to our address. This paperwork was just received in our hands today. We ask that you forgive any late fees and return our corporation to "active" status.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized capital 'D' followed by a series of loops and a long horizontal stroke.

David L. Noon