

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB -3 PM 4:46

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071162

1. Corporation Name

HONEY Pot Boutique, INC

2. Principal Office Address

1555 EAST BAY Dr.

Suite, Apt. #, etc.

K

City & State

Largo, FL.

Zip  
33771

Country

USA

3. Mailing Office Address

1555 EAST BAY Dr.

Suite, Apt. #, etc.

K

City & State

Largo, FL.

Zip  
33771

Country

USA

100066895811  
03/01/06--01014--016 \*\*450.00  
REINSTATEMENT 04-06  
CR2008 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/28/94

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. Name and Address of Current Registered Agent

Name

Sherry L. Noon

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

2336 Kings Point Dr.

Suite, Apt. #, Etc.

City

LARGO

State  
FL

Zip Code

33774

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

*Sherry L. Noon*

REGISTERED AGENT MUST SIGN

Date 2/1/06

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
P	Sherry L. Noon	2336 Kings Point Dr.	LARGO, FL. 33774
V	DAVID L. NOON	2336 Kings Point Dr.	LARGO, FL. 33774
S	DAVID L. NOON	2336 Kings Point Dr.	Largo, FL. 33774
T	Sherry L. Noon	2336 Kings Point Dr.	LARGO, FL. 33774
D	Sherry L. Noon	2336 Kings Point Dr.	Largo FL. 33774
D	DAVID L. NOON	2336 Kings Point Dr.	LARGO, FL 33774

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:

*Sherry L. Noon*

Sherry L. Noon 2/1/06

727-584-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2052

*Honey Pot Boutique*

1555 East Bay Dr.

Largo Fl. 33771

To: Division Of Corporations

Subject: Reinstatement

To whom it may concern:

We recently talked with your office regarding our corporation status, upon discussion with Marquettta, we were told to send in filing fees for the previous years and for the current year.

Our reason for not filing previously was due to non-receipt of notices. I appreciate the professionalism of your agent and also that the \$450.00 enclosed will cover reinstatement.

Sincerely,

Sherry L. Noon

Please note: we have a change of address at the top of this page, and please send all notices and correspondence to that address.