## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000016  1. Entity Name H.O.N.I., INC.	367			FILED DEC -6 PM 3:			
Principal Place of Business C/O L H FEDER, ESQ 39OCHOLLYWOOD BLVD HOLLYWOOD, FL 33021 - US	Mailing Address 3900 HOLLYWOOD BOULEVA SUITE 103 HOLLYWOOD, FL 33021	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business COLAWPENCE H. Feder, ESG Suite, Apt. #, etc.	orence H. Feder, Esq 1/0 Lawrence H. Feder Elg						
3900 Hollywood Blub. + 103 3900 Hollywood Blub. #/C					R2E098 (6/04)		
Holywood, Franda	ywood, tronda Hullywood, to		4. FEI Numbe		Not	Applicable	
32021 Country A	33071 8	S A	5. Certificate	of Status Désired	\$8.75 Addit		
6. Name and Address of Current I	Registered Agent	Name	, _	Address of New Register	ed Agent		
FEDER, LAWRENCE H   3900 HOLLYWOOD BOULEVARD   Syeet Address K				eH. Vedec PolBox Number ig Nex Acceptable) AUY WOOD IS IV d. # 103			
SUITE 103 HOLLYWOOD, FL 33021			11111000.				
		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FL 335	7,	
8. The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its regist	ered office or registe	ered agent, or bot	th, in the State of Florida. I	am familiar with, a	and accept	
SIGNATURE AUXILIAND DE					2/3/04		
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regis	tered Agent signature requi	ired when reinstating)	DA	TE .		
FiLE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.0	0			In accordance with s. corporation did not rec	607.193(2)(b), F eive the prior n	F.S., the otice.	
10. OFFICERS AND TITLE VPD		1.	ADDITIONS/	CHANGES TO OFFICERS	AND DIRECTORS Change	JN 11 Addition	
NAME WALTER, KINN STREET ADDRESS 3900HOLLYWOOD BLVD. # 10 CITY-ST-ZIP HOLLYWOOD, FL 33021			oo Holly	WOOD BLUD. #			
TITLE PDS		ITLE			☐ Change	☐ Addition	
NAME KREBS, KLAUS DR STREET ADDRESS KARNTNER RING 10 1010 WIEN, AU	s	iame Treet address HTY-ST-ZIP	31 12/06	<b>0004321</b> 3	3003 3 **150.	.00	
TITLE NAME		ITLE AME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	. s	TREET ADORESS ITY-ST-ZIP					
TITLE NAME		itle Iame		<b>&gt;</b> 0 0	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	C	TREET ADDRESS		Pra			
TIFLE NAME		ITLE IAME		•	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	· ·	ITREET ADDRESS					
TITLE NAME		TTLE IAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	s	ATREET ADDRESS OTY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the peciver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.							
SIGNATURE: A SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR POOL Date Date Date Date Date Date Date Date							