2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000016367

Entity Name: H.O.N.I., INC.

City-St-Zip:

1010 WIEN, AU

FILED Mar 27, 2008 Secretary of State

| Ellilly Nai | ine: H.O.N.I., | INC. | | | |
|---|--|---|---|---|--|
| Current P | rincipal Place | e of Business: | New Principal Place of | New Principal Place of Business: | |
| 3900 HOLI | RENCE H. FEI LYWOOD BLV DOD, FL 3302 | /D #103 | | | |
| Current M | lailing Addre | ss: | New Mailing Address | New Mailing Address: | |
| 3900 HOLI | RENCE H. FEI LYWOOD BLV DOD, FL 3302 | 'D #103 | | | |
| FEI Number | : 65-0751911 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| 3900 HÓLI HOLLYWO | AWRENCE H LYWOOD BLV DOD, FL 3302 | 1 US | | l efficiency and a second and a second and a second | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | l office or registered agent, or both, | |
| SIGNATUI | RE: LAWREN | ICE H. FEDER | | | |
| | Electro | nic Signature of Registered Ag | jent | Date | |
| | | 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | WALTER, KIN | OOD BLVD. #103 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | PDS (KREBS, KLAUS KARNTNER RI | | Title: Name: Address: | ()Change ()Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KLAUS KREBS PDS 03/27/2008