

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVAL  
AND  
FILED

DOCUMENT # **V52345**

1. Corporation Name

**MIKE HONER, INC.**

03 APR 15 AM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2251 NE 19 AVE  
#53  
OCALA FL 34470  
US

Mailing Address

2251 NE 19 AVE  
#53  
OCALA FL 34470  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/1992

5. FEI Number

65-0351626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

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
D	HONER, MIKE	2251 NW 19 AVE #53 NE	OCALA FL
			100015872511
			04/15/03 01010 004 \$900.00

8. Name and Address of Current Registered Agent

HONER, MIKE  
2251 NE 19 AVE  
#53  
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 of Mike Honer*

REGISTERED AGENT MUST SIGN

Date 4/11/03

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 of Mike Honer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (352) 6228776

Date

Daytime Phone #

CR2E040 (8/02)