PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

01 OCT 29 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001511**

1. Corporation Name

KAIROS HORIZON COMMUNITIES CORP.

Principal Place of Business	Mailing Address
130 UNIVERSITY PARK DRIVE SUITE 170 WINTER PARK FL 32792	130 UNIVERSITY PARK DRIVE SUITE 170 WINTER PARK FL 32792

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/2000

5. FEI Number: 59-363-1543 ☐ 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
P/D	MACMILLAN, HUGH	317 EAST PARK AVENUE	TALLAHASSEE FL 32301
V/D	LEE, PENELOPE	UP OTTERY ON HORISTON	DEVON EX14 9PN ENGLAND
S/D	MEANS, JACQUELINE REV.	720 MARTIN LUTHER KING STREET	INDIANAPOLIS IN 46202
T/D	~~JONES, DONALD~~ GARZA, RUBEN	~~508 WEST WALL AVENUE~~ 2821 ASPEN CT. WEST	~~MIDLAND TX 79701~~ PLANO, TX 75075
			000004663110--7
			-11/01/01--01070--004
			****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GRIFFIN, IKE 1736 BARCELONA WAY WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

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.

Signature of Registered Agent: [signature] Date: Oct. 16, 2001

REGISTERED AGENT MUST SIGN

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] 10-29-01 850/224-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #