


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000055671
1. Corporation Name
Horizon Pointe Realty Corp.

2. Principal Office Address <u>81 Pondfield Rd.</u> Suite, Apt. #, etc. <u>334</u> City & State <u>Bronxville, NY</u> Zip <u>10708</u> Country <u>U.S.A.</u>		3. Mailing Office Address <u>1110 N. 56th Street</u> Suite, Apt. #, etc. <u>Suite - A</u> City & State <u>Tampa Florida</u> Zip <u>33617</u> Country <u>U.S.A.</u>	
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3652778 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
Hold-Thyssen Residential

Street Address (P.O. Box Number is Not Acceptable)
1110 N. 56th Street

Suite, Apt. #, Etc.
Suite - A

City
Tampa

State
FL

Zip Code
33617

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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 Diane Lee¹⁰⁰² - Hold Thyssen Residential Date 1/16/04

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Steven Green</u>	<u>81 Pondfield Rd. Suite-334</u>	<u>Bronxville, NY 10708</u>

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 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 effect as if made under oath.

SIGNATURE: [Signature] Date 1/16/04

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

CR2E081 (10/02)