PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -5 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106002

1. Corporation Name

NEW HORIZON CONTSRUCTION + REMODELING, INC.

2. Principal Office Address	**3.** Mailing Office Address
311 SW 28TH TERR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. LAUDERDALE, FL	City & State
Zip: 33312 Country: USA	Zip Country

8/7/03 01033 001 $750.00

4. Date Incorporated or Qualified To Do Business in Florida: 11/02/01

5. FEI Number: ☐ 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: V. Cyprian Adams, P.A.

REINSTATEMENT D203

Street Address (P.O. Box Number is Not Acceptable): 7491 W. Oakland Park Blvd.

Suite, Apt. #, Etc.: Suite #301

City: Lauderhill State: FL Zip Code: 33319

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: _____ Date: 9/3/03

~~REGISTERED AGENT MUST SIGN~~

CR2E081 (10/02)

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
P,S	Segner DieuJUSTE	311 SW 28th Terrace	Ft. Lauderdale, FL 33312

500022129135
03/08/03--01003--001 **133.75

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 legal effect as if made under oath.

SIGNATURE: x Segner Dieujuste 9/03/03

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

V. Cyprian Adams, P.A.

Attorneys & Counselors at Law

September 3, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Attention: Kathi, Reinstatement Department

Re: New Horizon Contsruction & Remodeling, Inc.
Document No.: P01000106002

Dear Kathi:

Pursuant to your conversation with my office, please find enclosed the following relative to the above captioned matter:

1. Corporation Reinstatement Form;
2. The Articles of Amendment of "New Horizon Contsruction & Remodeling, Inc."
3. A draft of a check in the amount of $193.75 which represents payment of the additional $150.00 for the reinstatement, $35.00 for the amendment, and $8.75 for a Certificate of Status in the above captioned matter.

If you have any questions, please feel free to contact my office. My appreciation for your consideration.

Respectfully,

Venol C. Adams, Esquire

VCA/lb

Enclosures

7491West Oakland Park Boulevard
Second Floor
Lauderhill, Florida 33319

Telephone (954) 578-5225 Telecopier: (954) 578-0889 Email: venoladams@earthlink.net