

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY -8 PM 2:37

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000009112

1. Corporation Name

HORCAR HOLDINGS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500075287015
05/25/06--01044--016 **1058.75

REINSTATEMENT

04-06 JAC

CR2E081 (12/05)

2. Principal Office Address 901 Ponce de Leon Blvd.		3. Mailing Office Address 901 Ponce de Leon Blvd.	
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country US	Zip 33134	Country US
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 20-4508563		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent

Name
Alemany, Joaquin A

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

901 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 305

City

Coral Gables

State
FL

Zip Code
33134

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 5/5/06

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
D	Uruena, Nicomedes	901 Ponce de Leon Blvd.	Coral Gables, FL 33134
D	De Uruena, Judith C	901 Ponce de Leon Blvd.	Coral Gables, FL 33134

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 contained in Chapter 119, 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: Joaquin A. Alemany 5-5-06 607 452-1123

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