

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 SEP 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800136101288  
09/18/08--01041--015 \*\*\$900.00

DOCUMENT # P0300009112

1. Corporation Name

Horcar Holdings Corporation

2. Principal Office Address - No P.O. Box #

901 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

901 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, Florida

Zip

33134

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2003

5. FEI Number  
20-4508563

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Joaquin A. Alemany

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

901 Ponce de Leon Boulevard

Suite, Apt. #, Etc.

Suite 305

City

Coral Gables, Florida

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

REGISTERED AGENT MUST SIGN

Date 09/15/2008

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., Suite 305             | Coral Gables, FL 33134 |
| D      | De Uruena, Judith C.              | 901 Ponce de Leon Blvd., Suite 305             | Coral Gables, FL 33134 |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |

**REINSTATEMENT**

**RH**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/2008

Date

(305) 442-1755

Daytime Phone #