


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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APPROVED AND FILED
97 AUG 11 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047127

1. Corporation Name
HORIZON EQUITIES CORPORATION

<p>Principal Place of Business 7150 S.W. 62nd Ave., Suite 107 Miami, FL 33143</p>	<p>Mailing Address 7150 S.W. 62nd Ave., Suite 107 Miami, FL 33143</p>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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-08/14/97--01049--003
***923.75 ***923.75
DO NOT WRITE IN THIS SPACE

<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>	<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>	<p>4. Date Incorporated or Qualified To Do Business in Florida 6/20/1994</p> <p>5. FEI Number 65-0505927</p> <p>Applied For <input type="checkbox"/> Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status.</small></p>
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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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	ELIAS, GWYNN M	7150 S.W. 62nd Ave., Ste. 107	Miami, FL 33143
VP	LANE, JEFF	7150 S.W. 62nd Ave., Ste. 107	Miami, FL 33143
VP	SANDLER, STEVEN	1428 BRICKELL AVE, 8th Floor	Miami, FL 33131
STD	ELIAS, CHRISTI L.	7150 S.W. 62nd Ave., Ste. 107	Miami, FL 33143
D	ELIAS, BEVERLY W.	7150 S.W. 62nd Ave., Ste. 107	Miami, FL 33143

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<p>8. Name and Address of Current Registered Agent</p> <p>ELIAS, CHRISI L. 7150 S.W. 62nd Ave., STE. 107 Miami, FL 33143</p>	<p>9. Name and Address of New Registered Agent</p> <p>Name: <i>J. Lane</i></p> <p>Street Address (P.O. Box Number is Not Acceptable): <i>8/11/97</i></p> <p>Suite, Apt. #, Etc.</p> <p>City: _____ State: FL Zip Code: _____</p>
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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: *Christi L. Elias* Date: *8/5/97*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Jeff Lane* JEFF LANE Date: *8.4.97* (305) 661-1815

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

CFR2040 (12/95)