


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755658					
1. Corporation Name The HORIZONS West No. 2 association, INC.					
2. Principal Office Address 8420 S.W. 133 ave Rd.			3. Mailing Office Address 13000 S.W. 133 ct		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL.			City & State Miami, FL.		
Zip 33183	Country U.S.A.	Zip 33186	Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 12/23/1980	
				5. FEI Number 59-2066759	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name SORDIA, JOE c/o JOENSO PROPERTIES, INC.					
Street Address (P.O. Box Number is Not Acceptable) 13000 S.W. 133 ct					
Suite, Apt. #, Etc.					
City Miami			State FL	Zip Code 33186	
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 12/14/01		
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	
PD	Estrada, Silvia	13000 S.W. 133 ct		Miami, FL 33186	
VD	Rodriguez, Emma	13000 S.W. 133 ct		Miami, FL 33186	
D	STONE, JEFFREY	13000 S.W. 133 ct		Miami, FL 33186	
TD	Garcia, Abel	13000 S.W. 133 ct		Miami, FL 33186	
S	LOPEZ, ANDRES	13000 S.W. 133 ct		Miami, FL 33186	
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: Silvia Estrada / Silvia Estrada 12/14/01 (305) 259-6202					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

FILED

01 DEC 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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