PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

NOV 27 ... 7:00

DOCUMENT # 750852

1. Corporation Name

THE HORIZONS CONDOMINIUM NO. 7 ASSOCIATION, INC.

700321343947
11/27/18--01005--005 **297.50

CR2E080 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8055 SW 107 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
MIAMI, FL	
Zip / Country	Zip / Country
33173 / MIAMI-DADE	

4. Date Incorporated or Qualified To Do Business in Florida

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: Carlos Triay, Esq

Street Address (P.O. Box Number is Not Acceptable): 2301 N.W. 87 Avenue, Suite 501

Suite, Apt. #, Etc.:

City: Doral | State: FL | Zip Code: 33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 11/6/18

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
P	Mariela Amon	8055 SW 107 AVE.	MIAMI, FL 33173
V	Parvin Sarfarazrad	8055 SW 107 AVE.	MIAMI, FL 33173
T/S	Maggie Neto	8055 SW 107 AVE.	MIAMI, FL 33173
D	Alejandro Rojas	8055 SW 107 AVE.	MIAMI, FL 33173
D	Joan Matta Strasser	8055 SW 107 AVE.	MIAMI, FL 33173
	REINSTATEMENT	NOV 27 2018	

10. E-mail Address: drodriguez@miamimanagement.com R. HUNT

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Mariela Amon 11/05/2018 305-274-7649

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