

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755575

1. Corporation Name

THE HORIZONS WEST CONDOMINIUM NO. 1 ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

8400 SW 133 AVE RD
221
MIAMI FL 33186

C/O THE CONTINENTAL GROUP, LTD
12079 SW 131 AVE
MIAMI FL 33186
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1980

5. FEI Number

59-2066758

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MORA, REINA	8400 SW 133RD AVE RD #221	MIAMI FL 33183
TSD	GUASCH, CARMEN	8400 SW 133RD AVE RD #412	MIAMI FL 33183
D	GITTO, MARY	8400 SW 133RD AVE RD #123	MIAMI FL 33183
PD	Suzette Rodriguez	8400 SW 133RD AVE RD	MIAMI FL 33183
V-P SECRETARY	BEA LORING	8400 SW 133RD AVE	MIAMI FL 33183

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORA, REINA
8400 SW 133 AVENUE ROAD, #221
MIAMI FL 33183

Name: Gary M. Esq. Hyman, Kaplan, et al.
Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street
Suite, Apt. #, Etc.
2701
City: Miami
State: FL
Zip Code: 33130

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

[Signature]
REGISTERED AGENT MUST SIGN

Date: January 14, 2002

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., 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #