

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

383.75

APPROVED
AND
FILEDAPPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JAN 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **H40189**

1. Corporation Name

HORIZON HOMES OF TAMPA, INC.

Principal Place of Business

Mailing Address

11109 CASTLEBERRY RD.
P O BOX 487
ODESSA FL 3355611109 CASTLEBERRY RD.
P O BOX 487
ODESSA FL 33556

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

2. New Principal Office Address, If Applicable

4023 W. ALVA ST.

Suite, Apt. #, etc.

SUITE 2

City & State

TAMPA FL.Zip **33614**

Country

3. New Mailing Office Address, If Applicable

4023 W. ALVA ST.

Suite, Apt. #, etc.

SUITE 2

City & State

TAMPA, FL.Zip **33614**

Country

4. Date Incorporated or Qualified
To Do Business in Florida**02/01/1985**

5. FEI Number

59-2484579

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	DUFFEY, PHILIP	11109 CASTLEBERRY RD.	ODESSA FL 33556

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-01714/97--01062--005
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REINSTATEMENT

8. Name and Address of Current Registered Agent

ZIMMER, BEN F., III
4023 W ALVA ST.
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name **PHILIP DUFFEY**
Street Address (P.O. Box Number is Not Acceptable)
11109 CASTLEBERRY RD.
Suite, Apt. #, Etc.
City **ODESSA** State **FL** Zip Code **33556**

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

REGISTERED AGENT MUST SIGN

Date **12-26-96**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-96

Date

813 870 1093

Daytime Phone #