

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -3 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 40189

1. Corporation Name

HORIZON HOMES OF TAMPA INC

Principal Place of Business

Mailing Address

11105 CASTLEBERRY RD
ODESSA FL 33556-4932

4023 W ALVA ST
TAMPA FL 33614-7030

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

4. Date Incorporated or Qualified
To Do Business in Florida

FEBRUARY 1, 1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	PHILIP M DUFFY	11105 CASTLEBERRY RD	ODESSA FL 33556-4932

400003099974--8
-01/15/00--01001--012
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

BEN F ZIMMER 111

Street Address (P.O. Box Number is Not Acceptable)

4023 W ALVA ST

Suite, Apt. #, Etc.

SUITE 2

City

TAMPA

State

FL

Zip Code

33614-7030

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

Ben F Zimmer

REGISTERED AGENT MUST SIGN

Date 12-29-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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

PHILIP M DUFFY PRES

Date

12/29/99 813 927-6026

Daytime Phone #

CR2E081 (12/98)