

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN -4 PM 2:05

DOCUMENT # J63560

1. Corporation Name

HORIZONTAL TECHNOLOGIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4767 PINE ISLAND RD.
P O BOX 150820
MADISON FL 33993
US

Mailing Address

4767 PINE ISLAND RD.
P O BOX 150820
MADISON FL 33993
US



REINSTATEMENT 1999

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

2. New Principal Office Address, If Applicable

1103 FLORIDIAN CT

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip 33904 Country USA

3. New Mailing Office Address, If Applicable

15560 MCGRADY BLVD

Suite, Apt. #, etc.

City & State

FT MYERS FL

Zip 33909 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1987

5. FEI Number

59-2797620

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 |
|----------|--------------------------------------|---|--|
| STD | JUSTICE, PATRICIA ANN | 5260 S. LANDINGS DR 1701 | FT MYERS FL |
| DP | JUSTICE, DONALD R. | 5260 S. LANDINGS DR 1701 1103 FLORIDIAN CT. | FT MYERS FL 33904 |
| V | JUSTICE, DAN K. | 4833 S.W. 11TH AVE | CAPE CORAL FL |
| V | GREG F. RAWL | 5411 110TH AVENUE N. | W. PALM BEACH FL |
| V | JUSTICE, DONALD MARK | 2727 NW 98TH LANE | CORAL SPRINGS FL |
| | | | 500003102485 9 -01/19/00--01048--003 ****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

COTRELL, JAMES L
1633 SE 11TH TERR
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name Anthony J. Gargano, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2075 West first Street
Suite, Apt. #, Etc.
203
City Fort Myers State FL Zip Code 33901

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

Anthony J. Gargano
REGISTERED AGENT MUST SIGN

Date 12/6/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD R. JUSTICE

11/29/99
Date

741-940-2367
Daytime Phone #