

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 SEP . 2 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K02663

1. Corporation Name  
JUNIE V. HORNE, P.A.

Principal Place of Business  
3962 NW 167 ST  
MIAMI, FL 33054

Mailing Address  
3962 NW 167 ST  
MIAMI, FL 33054

W480000018997

REINSTATEMENT 91-98

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 11/16/87	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0010860	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	JUNIE V. HORNE	1411 SW 87 WAY	PEMBROKE PINES, FL 33025

400002636474-1  
-09/10/98--01062--017  
\*\*\*1720.00 \*\*\*1720.00

JB  
9-4-98

8. Name and Address of Current Registered Agent

JUNIE V. HORNE  
1411 SW 87 WAY  
PEMBROKE PINES, FL 33054

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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  
Junie V. Horne  
REGISTERED AGENT MUST SIGN

Date 8/28/98

11. This corporation owes or has paid 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: Junie V. Horne  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JUNIE V. HORNE

8/13/98  
Date

305-623-8123  
Daytime Phone #

CR2ED011981