

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L00000005887

Name and Mailing Address

0013359 01 AT 0.292 **AUTO TB 3 0615 34995-273737



HORIZON DEVELOPMENT, L.L.C.
P.O. BOX 2737
STUART FL 34995-2737

000024530170
11/10/03--01009--015 **150.00



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 05/18/2000

Principal Place of Business

P.O. BOX 2737
STUART FL 34994

3. New Principal Place of Business Address

P.O. Box 2737

City, State, Zip

Palm City, FL 34991

6. FEI Number
65-1020871

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

WOOD, CRAIG A
10275 SW GREENRIDGE LANE 615
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Craig A. Wood
REGISTERED AGENT MUST SIGN

Date

10/03/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WOOD, CRAIG	10275 SW GREENRIDGE LANE	PALM CITY FL 34990
MGRM	WOOD, DONALD M	P.O. BOX 2737	STUART FL 34994

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Craig A. Wood
SIGNATURE REQUIRED

Date

11-3-03

Daytime Phone

772-262-5343

Typed or printed name of signing Managing Member/Manager

CRAIG A. WOOD