

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
~~SECRETARY OF STATE~~
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 AM 11:13

DOCUMENT # LO1000002748

1. Limited Liability Company's Name

THE HORIZONS COMPANY, LLC

2. Principal Office Address

1625 DOLPHIN RD.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip

34102

Country

USA

3. Mailing Office Address same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2/2001

6. FEI Number

65-1079323

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

~~600024527576~~
11/07/03--01001--001 **150.00

8. Name and Address of Current Registered Agent

Name

WILLIAM K. GLASS

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

1625 DOLPHIN RD.

Suite, Apt. #, Etc.

City

NAPLES, FL. 34102

State

FL

Zip Code

34102

~~600024527576~~
01/09/04--01062--001 **50.00

9. 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

William K. Glass MG/PM

REGISTERED AGENT MUST SIGN

Date 11/1/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MG/PM</u> <u>MR.</u>	<u>WILLIAM K. GLASS,</u>	<u>1625 DOLPHIN RD</u> <u>MG/PM</u>	<u>NAPLES, FL. 34102</u>

~~600024527576~~
03/23/04--01103--001 **165.00

REINSTATEMENT

02-03

du

2004 AR mailed 3/22

11. 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

William K. Glass

Date 11/1/03

Daytime Phone # 301-529-5617

Typed or printed name of signing Managing Member/Manager WILLIAM K. GLASS

THC
THE HORIZONS COMPANY, LLC

WILLIAM K. GLASS, PRINCIPAL

March 16, 2004

Division of Corporation
D. Cushing
P.O. Box 6327
Tallahassee, FL 32314

Re: Horizons Company, LLC, debit memo #42931-d

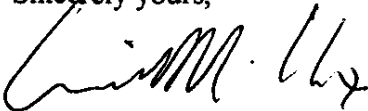
Dear D.,

Enclosed is the check requested for \$165.00 as a replacement for the check returned per the 1/6/04 correspondence from Melinda Lilliston.

I trust this will complete any and all 2003 recording and fees for the above captioned LLC and will await the 2004 process.

Please notice that the address for the LLC has changed to the address below.

Sincerely yours,



William K. Glass
WKG/s



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 6, 2004

THE HORIZONS COMPANY LLC
1625 DOLPHIN RD.
NAPLES, FL 34102

SUBJECT: THE HORIZONS COMPANY, LLC
Ref. Number: L01000002748

Memo #: 42931-d

This letter is to inform you that your check number 1111 for \$150.00, which was dated November 1, 2003 and submitted for THE HORIZONS COMPANY, LLC has been returned to us by your bank because of INSUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for THE HORIZONS COMPANY, LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$165.00. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: D. CUSHING
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Melinda Lilliston
Administrative Assistant
Bureau of Commercial Recording

TO: D. CUSHING

DATE: JANUARY 07, 2004

SUBJECT: L01000002748

**PLEASE ATTACH MY DEBIT MEMO LETTER TO YOUR REJECT LETTER
AND WRITE "VOID" THRU THE VALIDATION, AS MONIES ARE NO GOOD.**

THANK YOU,