

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

06 JAN -3 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12082005 REIN-LLC

CR2E101 (6/04)

1230

**DOCUMENT # L04000054168**

1. Entity Name  
**NEW HORIZONS LLC**



Principal Place of Business  
2030 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009 US

Mailing Address  
2030 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009 US

2. Principal Place of Business  
**1205 N. NORTHLAKE DR.**

3. Mailing Address  
**1205 N. NORTHLAKE DR.**

Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FL**

Zip  
**33019**

Country  
**USA**

4. FEI Number  
**20-1395208**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORM-A-CORP, INC**  
**100 VILLAGE SQUARE CROSSING**  
**SUITE 103**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Tufano*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>TUFANO, BARBARA</b> <b>383 WEST HILLS ROAD</b> <b>HUNTINGTON, NY 11743</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Barbara Tufano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **12-16-05**

Daytime Phone # **954 925-4458**