

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 FEB - 1 PM 12:06

DOCUMENT # L09000048850

1. Limited Liability Company's Name

Horizons International LLC
Horizons 360 International LLC

old name

new name
applying for

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1621 Cetona Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1621 Cetona Dr

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

USA

City & State

Boynton Beach, FL

Zip

33436

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

97-0803854

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

Name

Derrick Worrell

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

1621 Cetona Dr

Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

MAR 10 2021

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02/01/21--01031--009 **1765.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Derrick Worrell

REGISTERED AGENT MUST SIGN

Date 01-28-21

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	<u>Derrick Worrell</u>	<u>1621 Cetona Dr</u> <u>Boynton Beach, FL</u> <u>33436</u>	
MGR	<u>Kemar Livingston</u>	<u>1621 Cetona Dr</u> <u>Boynton Beach, FL</u> <u>33436</u>	

11. E-mail Address:

ultrabenz@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Derrick Worrell

Date

01-28-21

Daytime Phone #

561-376-4417