

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. DOCUMENT # M01000001780

Name and Mailing Address

0011339 01 SP 0.370 **SNGLP

0615 32413

HORIZON PROPERTIES, LLC
75 WIGGLE LANE
ROSEMARY BEACH FL 32413

FILED

02 NOV 13 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (8/02)

2. New Mailing Address

P.O. Box 611064

City, State, Zip
Rosemary Beach, FL 32461

Principal Place of Business
75 WIGGLE LANE
ROSEMARY BEACH FL 32413

3. New Principal Place of Business Address

~~75 WIGGLE LANE~~
City, State, Zip

4. State/Country of Formation

AL

5. Date Organized or Qualified
To Do Business in Florida

08/06/2001

6. FEI Number

63-1218129

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

CHAMBERS, STEVEN E
75 WIGGLE LANE
ROSEMARY BEACH FL 32413

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

REGISTERED AGENT MUST SIGN

Date

11/7/02

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	CHAMBERS, STEVEN E	P.O. BOX 611064	ROSEMARY BEACH FL 32461
MGRM	SMARTT, PHILANDER K	P.O. BOX 611064	ROSEMARY BEACH FL 32461
700008963437 11/13/02--01039--022 **155.00			
AL			
REINSTATEMENT			

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

Date

11/7/02

Daytime Phone # 205.871-9905

Typed or printed name of signing Managing Member/Manager