PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC -9 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
02 DEC -9 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

000009099870
11/20/02--01029--013 **297.50

REINSTATEMENT 01-02

DOCUMENT # N00000001051

1. Corporation Name

EXPANDING HORIZONS, INC.

~~WM-33931~~

2. Principal Office Address		**3.** Mailing Office Address	
2237 East Meadows Rd		2237 East Meadows Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland, FL		City & State: Lakeland, FL	
Zip: 33813	Country: Polk	Zip: 33813	Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida: 02-14-2000

5. FEI Number: ✓ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: George Lock

Street Address (P.O. Box Number is Not Acceptable): 2237 East Meadows Road

Suite, Apt. #, Etc.:

City: Lakeland | State: FL | Zip Code: 33813

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: George A. Lock — REGISTERED AGENT MUST SIGN — Date: 11-15-2002

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S,T	George Lock	2237 East Meadows Road	Lakeland, FL 33813
D	Judith Lock	2237 East Meadows Road	Lakeland, FL 33813
D	Michael Lock	1317 Sunfish Drive	Brandon, FL 33511
D	Karen Campbell	1664 Lor-kay Drive	Mansfield, OH 44905

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: George A. Lock — 11-15-02 — 863 324 5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #