PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 AUG -5 PM 1:55

DOCUMENT # N00000004430

1. Corporation Name
New Horizon Service Group, Inc.

REINSTATEMENT 05-10

000184076760
08/05/10--01030--010 **542.50
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
38 Curtiss Pkwy	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Springs, Fl	City & State
Zip: 33166 Country: Miami-Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/28/00

5. FEI Number 65-1021866 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: Andres Lizaso

Street Address (P.O. Box Number is Not Acceptable): 4550 NW 79 Ave.

Suite, Apt. # Etc.: Unit #201

City: Doral, Fl. State: FL Zip Code: 33166

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: Andres Lizaso Date: 7/13/2010

REGISTERED AGENT MUST SIGN

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
D	Aly Paz	17440 NW 81 Ave	Miami Fl 33166
D	John Davis	38 Curtiss Pkwy	Miami Springs Fl 33166
D	Andres Lizaso	4550 NW 79 Ave.	Doral, Fl. 33166

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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. I further certify, 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: Andres Lizaso 7/13/2010

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

8/6 cw