PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 19 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001090

1. Corporation Name
AMERICA AT HOME, INC.

REINSTATEMENT 08-10

100170052491
02/22/10--01006--013 **297.50
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2700 W. CYPRESS CREEK RD.	2700 W. CYPRESS CREEK RD.
Suite, Apt. #, etc.: D129	Suite, Apt. #, etc.: D129
City & State: FT. LAUDERDALE FLORIDA	City & State: FT. LAUDERDALE FLORIDA
Zip: 33309 Country: U.S.A.	Zip: 33309 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02-07-03

5. FEI Number: 57-1149938 ☐ 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: STEPHEN D. MARCUS
Street Address (P.O. Box Number is Not Acceptable): 2700 W. CYPRESS CREEK RD.
Suite, Apt. #, Etc.: D 129
City: FT. LAUDERDALE State: FL Zip Code: 33309

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Stephen D. Marcus Date: _____
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
P,D	Stephen D. Marcus	2700 W. Cypress Creek Rd. #D129 Fort Lauderdale, Florida 33309	
D	Judi Lisbin	932 Gardenia Drive	Delray Bch, FL 33483
D	John L. Banyas	18328-181 CIR. S,	Boca Raton, FL 33498
			X 2/22

10. **E-mail Address:** Pres@anewhorizon.org
(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: Stephen D. Marcus 2/10/10 954-545-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #