

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 3:22

DOCUMENT # *N48136*

1. Corporation Name

HORIZONS Foundation of Okaloosa Co Inc

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

123 TRUXTON AV

3. Mailing Office Address

123 TRUXTON AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT WALTON Bch FL

City & State

FT WALTON Bch FL

Zip

Country

32547

USA

Zip

Country

32547

USA

200125044842

04/22/08--01025--017 **866.25

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/1995

5. FEI Number

262371885

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

GROVER A MALLINI

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

1054 ROXANNA RD

Suite, Apt. #, Etc.

City

FT WALTON Bch

State

FL

Zip Code

32547

☒ 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

Grover A Mallini

Date *4/15/08*

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
<i>Pres</i>	<i>Julia Hones</i>	<i>PO Box 1221</i>	<i>FT Walton Bch FL 32549</i>
<i>TR</i>	<i>Sandy Sims</i>	<i>4018 Bond Cir</i>	<i>Niceville FL 32578</i>
<i>Sec</i>	<i>Grover A Mallini</i>	<i>1054 ROXANNA RD</i>	<i>FT Walton Bch FL 32547</i>

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 contained in Chapter 119, 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: *Grover A Mallini* *Grover A Mallini Sec.* *4/15/08* *850.585.6377*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #