

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9400000102*

1. Corporation Name
HORIZONS REPERTORY THEATRE, INC.

Principal Place of Business Mailing Address

*2450 Hollywood Blvd.
Suite # 308
Hollywood, FL 33202*

*10434 SW 76 St.
Miami, FL
33173*

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida *6/19/92*

5. FEI Number *65-0413578*

Applied For
Not Applicable

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>PD</i>	<i>Edward A. Saunders</i>	<i>10434 SW 76 St.</i>	<i>Miami FL 33173</i>
<i>MD</i>	<i>C. Daniel Barr</i>	<i>351 West 46 St.</i>	<i>Miami Beach FL 33140</i>
<i>VPD</i>	<i>Juan J. Gonzalez</i>	<i>20 NW 87 Ave. #A106</i>	<i>Miami, FL 33172</i>

REINSTATEMENT 95-99 ITS

8. Name and Address of Current Registered Agent

*Edward A. Saunders
10434 SW 76 St.
Miami, FL 33173*

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, Etc.

City

State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Edward A. Saunders* REGISTERED AGENT MUST SIGN Date *7-6-99*

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax)

12. 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: *Edward A. Saunders* Edward A. Saunders *7-6-99* *305-271-2930*

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

CR2E081 (12-98)