

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N99000004313**

1. Corporation Name
HORIZONS UNLIMITED ACADEMY, INC.

Principal Place of Business 6415 N. PEARL ST., 3RD FLOOR JACKSONVILLE FL 32209	Mailing Address 6415 N. PEARL ST., 3RD FLOOR JACKSONVILLE FL 32209
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable <i>829 Tammy Cove Ln</i> Suite, Apt. #, etc. City & State <i>Jax. FL</i> Zip <i>32218</i>	Country <i>US</i>
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FILED
 01 JAN -3 AM 11:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *OO*

4. Date Incorporated or Qualified To Do Business in Florida 07/12/1999	5. FEI Number 59-3579229	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State / Zip
DP	DIAMOND, TOM E	4143 MARKIN DR. W.	JACKSONVILLE FL 32224
DS	HAYNES, ARZADA	2104 DIVISON ST.	JACKSONVILLE FL 32209
DT	WIGGINS, JOHN	5884 DIAMOND ST.	JACKSONVILLE FL 32208
DV	SMILEY, JOHNNY F	11498 SIR BARTON CT.	JACKSONVILLE FL 32218
D	SIMMONS, CHARLES DR <i>OK</i>	1171 W. EDGEWOOD AVE.	JACKSONVILLE FL 32205
D	FLOYD, CAROLYN <i>Delete</i>	11450 WOODSONG LOOP DR.	JACKSONVILLE FL 32225

8. Name and Address of Current Registered Agent
IVEY, TERRENCE L ESQ
 1650 ART MUSEUM DR., STE. 11
 JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent
 Name *Karen L. Smiley*
 Street Address (P.O. Box Number is Not Accepted) *829 Tammy Cove Lane*
 Suite, Apt. #, Etc.
 City *Jax*

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 *Karen Smiley* **SIGNATURE REQUIRED** Date *10-24-00*
 REGISTERED AGENT MUST SIGN

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 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: *Signature Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Johnny F. Smiley*
 Date *10-24-00* Daytime Phone # *904-318-2281*

CR2E040 (8/00)