

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

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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 ☒ \$8.75 Additional Fee required  
for a Certificate of Status

400003533534--4

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State / Zip 4
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	<del>SIMMONS, CHARLES DR</del> OK	1171 W. EDGEWOOD AVE.	JACKSONVILLE FL 32205
D	<del>FLOYD, CAROLYN</del> Delete	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. **400003533534--4**  
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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-24-00**

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**

**10-24-00 904-318-2281**

Date

Daytime Phone #

FILED  
01 JAN -3 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

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CR2E040 (8/00)