

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 10 AM 10: 06

DOCUMENT # **N99000004313**

1. Corporation Name

HORIZONS UNLIMITED ACADEMY, INC.

Principal Place of Business

Mailing Address

5258-12 NORWOOD
JACKSONVILLE FL 32208

5258-12 NORWOOD
JACKSONVILLE FL 32208

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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
PD	DIAMOND, TOM E	4143 MARKIN DR. W.	JACKSONVILLE FL 32206
SD	HAYNES, ARZADA	2360 KINGS ROAD	JACKSONVILLE FL 32209
VD	WIGGINS, JOHN A	2360 KINGS ROAD	JACKSONVILLE FL 32209
TD	SMILEY, KAREN	11756 CHERRY BARK DR. E.	JACKSONVILLE FL 32218
TD	TAYLOR, ROBERT	3050 Townsend Blvd	JAX, FL 32217
TD	SMILEY, KAREN	11756 CHERRY BARK DR. E.	JACKSONVILLE, FL 32218

8. Name and Address of Current Registered Agent

SMILEY, KAREN
11756 CHERRY BARK DR. E.
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

32218

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. or 617.0505, F.S.

Signature of
Registered Agent

Karen Smiley
REGISTERED AGENT MUST SIGN

Date

2/9/04

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:

Karen Smiley Karen Smiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/04 904-349-3912