


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000006739

1. Entity Name
HORO, CO.




FILED
07 DEC 24 PM 12: 56
TALLAHASSEE, FLORIDA

Principal Place of Business
BROAD & CASSEL, 201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI, FL 33131

Mailing Address
BROAD & CASSEL, 201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
2 So. Biscayne Blvd.
Suite, Apt. #, etc.
21st Floor
City & State
MIAMI, FL
Zip
33131
Country
USA

3. Mailing Address
2 So. Biscayne Blvd.
Suite, Apt. #, etc.
21st Floor
City & State
Miami, FL
Zip
33131
Country
USA



12/19/07 REINSTATEMENT 000098 (1/07) 07

4. FEI Number
65-0989542

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FL
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steve Jones* 12/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, A. JEFFRY 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D A. Jeffry Robinson 2 So. Biscayne Blvd., 21st Floor Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>12/24</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700113348967 12/21/07--01028--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Jeffry Robinson* 12/19/07 305-373-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #