

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION**  
~~REINSTATEMENT~~

2002 UBN

DOCUMENT # P00000024868

1. Corporation Name  
**Horta Acct Services Corp**

2. Principal Office Address  
**275 Fontainebleau Blvd**  
Suite, Apt. #, etc. **160**

3. Mailing Office Address  
**512 NW 97 Pl.**  
Suite, Apt. #, etc. **0**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33172**

Country  
**USA**

Zip  
**33172**

Country  
**USA**

FILED  
02 DEC -9 PM 1:16  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**05-1028121**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Judith Horta**

Street Address (P.O. Box Number is Not Acceptable)  
**512 NW 97 Place**

Suite, Apt. #, Etc.

City  
**Miami, FL**

State  
**FL**

Zip Code  
**33172**

000003054140  
11/18/02--01096--003 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Judith Horta	512 NW 97 place miami, FL 33172	FL 33172

10. 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: **Judith Horta**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/13/02**

Daytime Phone # **305-552-7969**

CR2E081 (9/01)

November 13, 2002

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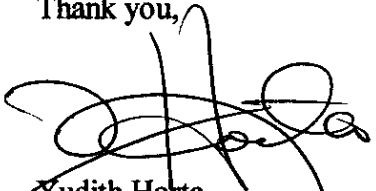
Uniform Business Report  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I would like to inform that my Uniform Business Report was never received by my office and it just got to my attention that my corporation was not active I have already notify the local post office that I have problems with my mail. I spoke to our office today to explain the situation and as per your office need to include a check in the amount of \$150.00 and a completed corporation reinstatement form.

I thank you in advance for your cooperation, and I have noted in the reinstatement a new mailing address to avoid this in the future.

Thank you,



Yudith Horta  
HORTA ACCOUNTING SERVICES CORP.  
512 NW 97 Place  
Miami, FL 33172  
(305) 552-7969  
EIN#65-1028121