

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 28 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000055671

1. Corporation Name

Horizon Pointe Realty Corp.

2. Principal Office Address

81 Pondfield Rd.

Suite, Apt. #, etc.

334

City & State

Bronxville, NY

Zip

10708

Country

U.S.A.

3. Mailing Office Address

11110 N. 56<sup>th</sup> Street

Suite, Apt. #, etc.

Suite - A

City & State

Tampa Florida

Zip

33617

Country

U.S.A.

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3652778

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Hold-Thyssen Residential

Street Address (P.O. Box Number is Not Acceptable)

11110 N. 56<sup>th</sup> Street

Suite, Apt. #, Etc.

Suite - A

City

Tampa

500027710745

01/28/04--01021--013 \*\*\*908 75

State

FL

Zip Code

33617

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

Diane Lee<sup>1012</sup> - Hold Thyssen Residential

Date

1/16/04

REGISTERED AGENT MUST SIGN

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	Steven Green	81 Pondfield Rd. Suite-334	Bronxville, NY 10708

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 effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/04

Daytime Phone #

CR2E081 (10/02)