

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

03 NOV -4 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000016599**

1. Corporation Name

HORIZON VENDING, INC.

Principal Place of Business

5505 WHITE OAK CIRCLE
TAMARAC FL 33319-3043
US

Mailing Address

PO BOX 100934
FT LAUDERDALE FL 33310-1934

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

02/12/2001

5. FEI Number

65-1076210

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)

400024412324

11/04/03--01047--022 **750.00
City / State / Zip

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HIXON, LEONARD	5505 WHITE OAK CIRCLE	TAMARAC FL 33319
S	MATHIS-HIXON, JOHNNIE M	5505 WHITE OAK CIRCLE	TAMARAC FL 33319
V	HIXON, LEONARD	5505 WHITE OAK CIRCLE	TAMARAC FL 33319
C	HIXON, LEONARD	5505 WHITE OAK CIRCLE	TAMARAC FL 33319
T	MATHIS-HIXON, JOHNNIE M	5505 WHITE OAK CIRCLE	TAMARAC FL 33319
P	HIXON, LEONARD	5505 WHITE OAK CIRCLE	TAMARAC FL 33319

8. Name and Address of Current Registered Agent

HIXON, LEONARD
5505 WHITE OAK CIRCLE
TAMARAC FL 33319-3043

9. Name and Address of New Registered Agent

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

Leonard Hixon
REGISTERED AGENT MUST SIGN

Date

10/29/03

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:

Leonard Hixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03

Daytime Phone #

CR2E040 (7/03)