

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 30 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051613

1. Corporation Name

Blue Horizon Mortgage, Inc.

2. Principal Office Address

12765 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 1315

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/24/2001

5. FEI Number

59-3720266

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

Scott M. Markowitz

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

12765 W. Forest Hill Blvd.

Suite, Apt. #, Etc.

Suite 1315

City

Wellington

State

FL

Zip Code

33414

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

Date 04/28/2003

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/S/T/D	Scott M. Markowitz	3946 Diamond Chip Court	Wellington, FL 33414

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:

Scott M. Markowitz

04/28/2003 561-514-1830

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR




Date

Daytime Phone #

CR2E081 (10/02)

25/5/2

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000051613					
1. Entity Name Blue Horizon Mortgage, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 12765 W. Forest Hill Blvd.			3. Mailing Address		
Suite, Apt. #, etc. Suite 1315			Suite, Apt. #, etc.		
City & State Wellington, FL			City & State		
Zip 33414		Country USA	Zip		Country
			4. FEI Number 59-3720266		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Scott M. Markowitz	
				Street Address (P.O. Box Number is Not Acceptable) 12765 W. Forest Hill Blvd. Suite 1315	
				City Wellington	FL Zip Code 33414
8. The above named entity submits 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 		Scott M. Markowitz		04/28/2003	
<small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Scott M. Markowitz 3946 Diamond Chip Court Wellington, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Scott M. Markowitz		04/28/2003 561-514-1830	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

CR2E034B (12/02)

2/12



April 28, 2003

Uniform Business Report
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed you will find the UBR and reinstatement form for Blue Horizon Mortgage, Inc. We had never received the notice for filing for the year 2002. As per your request we have enclosed one check in the amount of \$300.00 for the reports for 2002 and 2003. If you have any questions please feel free to contact me at 561-514-1830. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be "SM", enclosed within a circular outline.

Scott M. Markowitz
President