

OCT-28-2002 MON 10:34 AM ZSKS

FAX NO. 407 425 2747

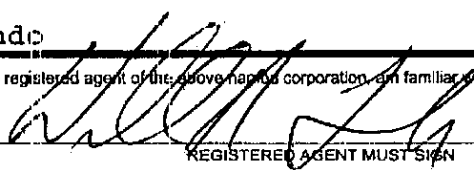
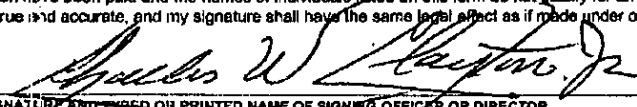
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

OCT 28 PM 2:40

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000093878 1. Corporation Name HORIZON WORLDS PARTNERS II, INC.					
2. Principal Office Address 1190 North Park Avenue Suite, Apt. #, etc. City & State Winter Park, FL Zip 32789		3. Mailing Office Address 1190 North Park Avenue Suite, Apt. #, etc. City & State Winter Park, FL Zip 32789		4. Date Incorporated or Qualified To Do Business in Florida 09/25/2001 5. FEI Number 59-3749011 6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name LOWMAN, WILLIAM R., JR. Street Address (P.O. Box Number is Not Acceptable) 315 E. Robinson Street #600 Suite, Apt. #, Etc. City Orlando					
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 10/25/02 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		
DP	CLAYTON, CHARLES W., JR.	1190 NORTH PARK AVENUE	WINTER PARK, FL 32789		
DV	BENTON, WESLEY G.	1190 NORTH PARK AVENUE	WINTER PARK, FL 32789		
DS	CLAYTON, CHARLES W., III	1190 NORTH PARK AVENUE	WINTER PARK, FL 32789		
DT	ROLL, HOPE C.	1190 NORTH PARK AVENUE	WINTER PARK, FL 32789		
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: 		407-622-0000 Date Daytime Phone #			

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Charles Clayton / 5257-1

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

CORPORATION REINSTATEMENT

CLAYTON PROPERTIES OF FLORIDA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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