

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000020696

1. Corporation Name

HORIZON RAPID BUILDERS INC.

Principal Place of Business

Mailing Address

~~14960 SW 167TH STREET~~  
~~MIAMI FL 33187~~

~~14960 SW 167TH STREET~~  
~~MIAMI FL 33187~~

8866 SW 129 St  
Miami, FL 33176

8866 SW 129 St  
Miami, FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Horizon Rapid Builders, Inc.

Horizon Rapid Builders, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8866 SW 129 Street

8866 SW 129 Street

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33176

USA

33176

USA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VALENTE, ANDREA	14960 SW 167TH STREET	MIAMI FL 33187
COO	Puentes, Alberto O.	9501 Graystoke Lane	Orlando, FL 32817
CEO	Villavicencio, Robert M.	14960 SW 167 Street	Miami, FL 33187

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

A1A FLORIDA CORPORATE SERVICES  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351

Name

Edward J. Abramson, P.A.

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

7270 NW 12 Street

Suite, Apt. #, Etc.

580

City

Miami

State

FL

Zip Code

33126

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

Edward Abramson

REGISTERED AGENT MUST SIGN

Date 12-9-03

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:

Andrea Valente

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/03 305-238-4567

Date

Daytime Phone #

CR2E040 (7/03)