

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 OCT 22 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107585

1. Corporation Name

C.B. HOROWITZ PROPERTIES, INC.

Principal Place of Business

2383 PROSPERITY BAY CT.
PALM BCH GARDENS FL 33410-2560

Mailing Address

2383 PROSPERITY BAY CT.
PALM BCH GARDENS FL 33410-2560

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2002

5. EEL Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HOROWITZ, CHARLES B	2383 PROSPERITY BAY CT.	PALM BCH GARDENS FL 33410
STD	HOROWITZ, DARREN C	2383 PROSPERITY BAY CT.	PALM BCH GARDENS FL 33410

200024024262
10/22/03--01067--024 **150.00

8. Name and Address of Current Registered Agent

HOROWITZ, CHARLES B
2383 PROSPERITY BAY CT.
PALM BCH GARDENS FL 33410-2560

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

REGISTERED AGENT MUST SIGN

Date

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:

Charles B. Horowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03

CR2E040 (7/03)

S. BARRIE GODOWN

Certified Public Accountant, P.A.

October 17, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32399

Re: C.B. Horowitz Properties, Inc.
Taxpayer I.D. 05-0549429

To Whom It May Concern:

Enclosed is the completed 2003 Uniform Business Report for the above referenced taxpayer. Also enclosed is the taxpayer's check in the amount of \$150.

Unfortunately, the taxpayer did not receive the earlier notifications of the 2003 Uniform Business Report. On behalf of the taxpayer, I respectfully request that you waive the late filing penalty.

If you have any questions, please do not hesitate to contact me.

Sincerely,



S. Barrie Godown, CPA

SBG:tah

Enclosure

cc: C.B. Horowitz Properties, Inc.