

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000110250**

1. Corporation Name

Horacio, Inc

2. Principal Office Address

7400 Potomac Dr

Suite, Apt. #, etc.

3. Mailing Office Address

7400 Potomac Dr

Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Port Richey FL

Zip

34668

Country

Pasco

Zip

34668

Country

Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2002

5. FEI Number

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

Horacio, Angela J

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

7400 Potomac Dr

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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

Angela J Horacio

REGISTERED AGENT MUST SIGN

Date

8-25-05

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
PRES	Horacio, Bryan T	7400 Potomac Dr	Port Richey FL 34668
DIR	Horacio, Bryan T	7400 Potomac Dr	Port Richey FL 34668

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-05

Date

727-236-3215

Daytime Phone #