

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 21 AM 10:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121473

1. Corporation Name

VISTA HORIZON REALTY, INC.

W05000002750

REINSTATEMENT 03-05

2. Principal Office Address

2120 WHISPER LAKES BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

ORLANDO, FL

City & State

SAME

Zip

32837

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2002

5. FEI Number

20-0019603

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

IFFAT ZAHEER

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

Suite, Apt. #, Etc.

2120 WHISPER LAKES BLVD

City

ORLANDO

State

FL

Zip Code

32837

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

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	IFFAT ZAHEER	2120 WHISPER LAKES BLVD	ORLANDO/FL/32837

200045893602
02/03/05--01006--023 **1050.00

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

01/13/2005

Date

407-240-2223

Daytime Phone #