PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN 22 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/05/07--01013--025 **1050.00

CR2E081 (12/05)

DOCUMENT # P03000028394

1. Corporation Name

Horizons South, Inc.

2. Principal Office Address	3. Mailing Office Address
2411 Halperns Way	2411 Halperns Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Middleburg FL	City & State: Middleburg, FL
Zip: 32068 Country:	Zip: 32068 Country:

4. Date Incorporated or Qualified To Do Business in Florida 3-10-03

5. FEI Number 42-1613945 ☐ 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: Smith, Wanda L
Street Address (P.O. Box Number is Not Acceptable): 2411 Halperns Way
Suite, Apt. #, Etc.:
City: Middleburg State: FL Zip Code: 32068

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: Wanda L. Smith Date: 1/14/07
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	Smith, Wanda L	2411 Halperns Way	Middleburg, FL
V	Smith, Ronald L	2411 Halperns Way	Middleburg, FL
ST	Schmid, Mona Renee	2411 Halperns Way	Middleburg, FL
		B 1/25/07	
		05-61	

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 contained in Chapter 119, 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: Wanda L. Smith Wanda L. Smith 1/14/07 904-291-6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #