

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR -5 PM 12:09

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000119714

**1. Corporation Name**  
Horizon Sub-Contractor Corporation

**2. Principal Office Address**  
6711 Runningwoods Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL. 33634

Zip  
33634

Country  
U.S.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 04-06  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**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

Laura Maldonado

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

6711 Runninwoods Dr.

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33634

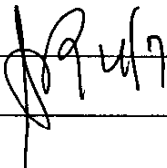
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**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
Pre.	Laira Maldonado	6711 Runningwoods Dr.	Tampa FL. 33634
			900070456299 04/14/06--01041--008 **450.00
			

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06

Date

(813)810-1403

Daytime Phone #

LAURA MALDONADO  
6711 RUNNINGWOODS DR.  
TAMPA, FL. 33634  
(813)810-1403

Florida Department of State  
Division of State  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sr.

I never received any notification to make the Corporation report.

The reason was that I move to a different address, the one above.

So please take care of this matter and reinstate my Corporation, Horizon Sub-Contractor Corp. #P03000119714

Sincerely:

A handwritten signature in cursive script, appearing to read 'Laura Maldonado', is written over a horizontal line.