

2009 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|---|---|
| DOCUMENT # P04000082102 1. Entity Name HORIZON INVESTMENTS UNLIMITED, INC. |  |
|---|---|

FILED

09 MAY -7 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 14160 PALMETTO FRONTAGE RD, PH-32 MIAMI LAKES, FL 33016 | Mailing Address 14160 PALMETTO FRONTAGE RD, PH-32 MIAMI LAKES, FL 33016 |
|---|---|



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|--|--|
| 2. Principal Place of Business - No P.O. Box # 6843 Main street | 3. Mailing Address 6843 Main street |
| Suite, Apt. #, etc. # 302 | Suite, Apt. #, etc. # 302 |

05012009 REIN-P CR2E098 (1/07)

| | | | |
|----------------------------------|----------------------------------|-----------------------------|--|
| City & State Miami Lakes, FL. | City & State Miami Lakes, FL. | 4. FEI Number 20-1190126 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33014 | Country USA | Zip 33014 | Country USA |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

RINEHART, WAYNE
 14160 PALMETTO FRONTAGE RD, PH-32
 MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------|
| TITLE | PSTD <input type="checkbox"/> Delete |
| NAME | RINEHART, WAYNE |
| STREET ADDRESS | 14160 PALMETTO FRONTAGE RD, PH-32 |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rinehart, Wayne |
| STREET ADDRESS | 6843 Main street # 302 |
| CITY-ST-ZIP | Miami Lakes, FL. 33014 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100155622661
 05/07/09--01011--026 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Rinehart 5/1/09 (305)558-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #