

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000090374

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: HORIZON INSURANCE AGENCY INC

## Current Principal Place of Business:

639 N FEDERAL HWY  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

639 N FEDERAL HWY  
POMPANO BEACH, FL 33062

## Current Mailing Address:

639 N FEDERAL HWY  
POMPANO BEACH, FL 33060

## New Mailing Address:

639 N FEDERAL HWY  
POMPANO BEACH, FL 33062

FEI Number: 20-5172678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMES, PAULO M  
639 N FEDERAL HWY  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

GOMES, PAULO M  
639 N FEDERAL HWY  
POMPANO BEACH, FL 33062 US

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.

SIGNATURE: PAULO M GOMES

02/07/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOMES, PAULO M  
Address: 639 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GOMES, PAULO M  
Address: 639 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Change (X) Addition  
Name: GOMES, FABIANA  
Address: 639 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULO M GOMES

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date