

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 NOV 20 AM 9:41

DOCUMENT # **P11000044138**

1. Corporation Name

**HORIZON MANUFACTURING INC
7917 SW JACK JAMES DR**

2. Principal Office Address - No P.O. Box #

7917 SW Jack James Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

STUART FL

City & State

Zip

Country

34997 US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/2011

5. FEI Number

37-1637286

☐ 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 **Michael E Hochstein**

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

2950 SE Ocean Blvd

Suite, Apt. #, Etc

Bldg 42 Apt 2

City

Stuart

State

FL

Zip Code

34996

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

X

Date **10/29/12**

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	Michael E Hochstein	2950 SE Ocean Blvd Bldg 42 Apt 2	Stuart, FL 34996

10. E-mail Address: **m.hochstein@hmius.com**

(To be used for future annual report notification)

11. 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 corporation's name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/12

Horizon Manufacturing Inc.

November 15, 2012

Florida Department of State
Secretary of State
Division of Corporations

Re: Corporation Reinstatement
Horizon Manufacturing Inc.
7917 Jack James Drive Unit 7
Stuart Florida 34997
Cell: 772-919-1800
Fax: 772-266-0982
Email: MHochstein@hmius.com
FEI: 37-1637286

To whom this may concern,

Enclosed are the reinstatement fee of \$600.00 and the annual report fee \$150.00 total of \$750.00 check number 2182. The bank is requesting a receipt for this transaction. Is it possible to either email or faxed the receipt to me. Any questions or you need to contact me direct please feel free to call my cell 772-919-1800.

Thank you,

A handwritten signature in black ink, appearing to be 'MHochstein', written in a cursive style.

Michael Hochstein