APPLICATION FOR	ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mo Secretary of	ortham	ING THIS FORM.	
DOCUMENT # P 93 00000 3836 (2)  1. Corporation Name  HORAcio'S LOCKSMITH INC.			97 NOV -4 PH TALLAHASSEE, FL	10
Principal Place of Business  1233 L.E. 11*St. # 203  Howeo Look, Fl4. 33030  If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable 1233 L.E. 11*St.  Suite, Apt. #, etc. #203	Mailing Address  P. O. box 92  Homeoteal, F  ough incorrect information and enter  3. New Mailing Office Address, I  P. O. box 92  Suite, Apl. #, etc.	r correction below.  1 Applicable 4. Date Incom	porated or Qualified ness in Florida	Applied For
City & State Howested, Fla.  Zip 38030  7. Names and Street Addresses of Each Officer and/o		CERTIFICAT	03 95 2 8 0 E OF STATUS DESIRED (\$8.75 A for a 4	Not Applicable dditional Fee required Certificate of Status
P. PRESIDENT HORACIO GRIJALI T. tolenda tanjafa	3 (Do NOT L	fficer and/or Director Jse Post Office Box Numbers)	Homesteal, Fl	
		31	000023409 -11/06/27011 ****758.00 *	532 19-022 ****750.00
8. Name and Address of Current Registered Agent  HORACID FRITALVA  2671/ S.W. 183 Mct.  Homestead, Fla. 33032  Suite, Apt. #, Etc.  City			State   Zig	o Code
Signature of Registered Agent  10. I, being appointed the registered agent of the above the signature of Registered Agent  11. Does this corporation pay at Dept. of Revenue under S.	A STERED AGENT MUST SIGN  Thy intangible tax to the	ne 🖼		
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolt owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ution has been etiminated, the corpo innes of individuals listed on this for	prate name satisfies the requirements on do not qualify for an exemption und	of section 607 0404 or 617 0404 E	C that all toon

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SIGNATURE: SIGNATURE AND THEO PROPERTY DESIGNING OFFICER OR DIRECTOR