

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Matthew J. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 197
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:20

DOCUMENT # P94000052974

1. Corporation Name

HOROWITZ & ASSOCIATES OF NAPLES, INC.

Principal Place of Business

Mailing Address

2375 TAMiami TRAIL
SUITE 306
NAPLES FL 34105

2375 TAMiami TRAIL
SUITE 306
NAPLES FL 34105



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

8840 TERRENE CT.

8840 TERRENE CT.

Suite, Apt. #, etc. #101

Suite, Apt. #, etc. #101

City & State Bonita Springs, FL

City & State Bonita Springs, FL

Zip 34135

Zip 34135

Country U.S.A.

Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

07/18/1994

5. FEI Number

65-0512367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	HOROWITZ, JAY	2375 TAMiami TRAIL #306	NAPLES FL 34105
			400004672924--6 -11/08/01--01070--015 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDEN, CHRISTIAN B
2590 GOLDEN GATE PARKWAY
SUITE 101
NAPLES FL 33942

Name JAY HOROWITZ
Street Address (P.O. Box Number is Not Acceptable)
8840 TERRENE CT
Suite, Apt. #, Etc. 101
City Bonita Springs
State FL Zip Code 34135

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/19/01

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 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 under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/01 941-444-1010

CR2040 (801)

202

Horowitz & Associates Insurance Agency, Inc.

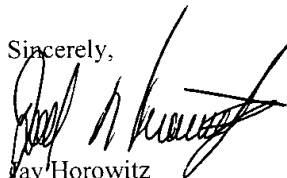
Division of Corporations
Annual report/ Reinstatement section
PO Box 6327
Tallahassee, FL 32314-6327

October 19, 2001

To Whom It May Concern:

I am requesting an exception be made in regards to the fees for the application for reinstatement of my corporation annual report/uniform business report. Due to the tragic events of September 11, 2001, my family has been going through excessive hardships, as we had a family member perish in the attacks. Any considerations given to my situation by your office would be greatly appreciated.

Sincerely,



Jay Horowitz
Horowitz & Associates