

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003951

1. Corporation Name

PURE HORIZONS, INC.

Principal Place of Business

Mailing Address

183 MADRIRA AVE
CORAL GABLES FL 33134
US

183 MADRIRA AVE
CORAL GABLES FL 33134
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1995

5. FEI Number

65-0550653

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PVS	GESSNER, DETLEV	1508 PENNSYLVANIA AVE #NTH 2828 ROYAL PALM AVE	MIAMI BEACH FL 33139 33140
D	GESSNER, DETLEV	1508 PENNSYLVANIA AVE #NTH 2828 ROYAL PALM AVE	MIAMI BEACH FL 33139 33140
			000002699730--4
			-12/02/98--01005--008
			****900.00 ****900.00
			REINSTATEMENT 97-98
			BS 11/23/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GESSNER, DETLEV
183 MADRIRA AVE
CORAL GABLES FL 33134
MIAMI BEACH, FL 33140

Name
DETLEV GESSNER
Street Address (P.O. Box Number is Not Acceptable)
2828 ROYAL PALM AVE
Suite, Apt. #, Etc.

MIAMI BEACH State FL Zip Code 33140

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

9/1/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 #

9/1/98 (305) 673-0596

CR2E040 (6/97)