

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

02 JUL 22 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** 2000-2002

DOCUMENT # P9500001467V

1. Corporation Name  
H.O.R. CORPORATION

2. Principal Office Address  
3411 INDIAN CREEK DR

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
# 1103

Suite, Apt. #, etc.  
SAME

City & State  
MIAMI BEACH - FL

City & State  
SAME

Zip  
33140

Country  
U.S.A.

Zip  
SAME

Country  
SAME

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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  
JOSE A. LOPEZ HORTA 600006847736-7  
Street Address (P.O. Box Number is Not Acceptable)  
3411 INDIAN CREEK DR -08701702--01020--010  
Suite, Apt. #, Etc.  
# 1103 \*\*\*1050.00 \*\*\*1050.00  
City  
MIAMI BEACH State FL Zip Code 33140

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 [Signature] Date 07-02-2002  
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
<u>Pres.</u> <u>Treas</u> <u>Sec</u>	<u>JOSE A. LOPEZ HORTA</u>	<u>3411 INDIAN CREEK</u> <u>APT # 1103</u>	<u>MIAMI BEACH - FL 33140</u>

10. 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] Date 07-02-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)