

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB 16 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000030068**

**1. Corporation Name**

WONDEROUS HORIZONS, INC.

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

5201 SW 20th Place

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33914

Country

**3. Mailing Office Address**

5201 SW 20th Place

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33914

Country

**REINSTATEMENT**  
CR2E081 (12/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/12/1995

**5. FEI Number**

65-0578303

☐ 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

KEITH K. WILLIAMS

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

5201 SW 20th Place

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

*Keith K. Williams*

Keith K. Williams

Date

2/10/09

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
PSD	Williams, Keith K.	5201 SW 20th Place	Cape Coral, Florida 33914

700143670837

02/16/09--01003--003 \*\*450.00

**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 contained in Chapter 119, 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:**

*Keith K. Williams*

Keith K. Williams, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/09

Date

239 945 6677

Daytime Phone #