

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 21 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000063033**

1. Corporation Name

FOUR HORNE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5300 MURPHY RD
BARTOW FL 33830
US

5300 MURPHY RD
BARTOW FL 33830
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

GB

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1996

5. FEI Number

59-3401204

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
D	HORNE, LYNN D SR.	5300 MURPHY ROAD	BARTOW FL 33830
D	HORNE, ANN S	5300 MURPHY ROAD	BARTOW FL 33830
D	HORNE, JOHN CURTIS	8403 MARINER DRIVE	ANNA MARIE FL 34218
D	HORNE, LYNN D JR.	1500 OLD EAGLE LAKE ROAD	BARTOW FL 33830
			300002724323--41
			-12/29/98-01016-010
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

HORNE, LYNN D JR.
5300 MURPHY ROAD
BARTOW FL 33830

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Lynn D. Horne
REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-10-98**

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)(f), 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:

Lynn D. Horne
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-98
Date

941 537 5014
Daytime Phone #

CR25040 (9/98)