

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02:02 MAY 13 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100005610321--0
-05/24/02--01044--029
****500.00 ****500.00

DOCUMENT #

1. Corporation Name

P960000083931
HORIZON BUSINESS SYSTEMS INC
2499 GLADES RD # 312
BOCA RATON
FL 33431

2. Principal Office Address

2499 GLADES RD

Suite, Apt. #, etc.

312

City & State

BOCA RATON FL

Zip

33431

Country

USA

3. Mailing Office Address

2499 GLADES RD

Suite, Apt. #, etc.

312

City & State

BOCA RATON FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650724329

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

MARK SUMMERS

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

2499 GLADES RD # 312

Suite, Apt. #, Etc.

312

City

BOCA RATON

State
FL

Zip Code

33431

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

Mark Summers

REGISTERED AGENT MUST SIGN

Date **5/8/02**

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
PRES	MARK SUMMERS	2499 GLADES RD # 312	BOCA RATON, FL, 33431

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:

Mark Summers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/02

Daytime Phone #

(954) 218 1411

CR2E081 (9/00)