

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

97 NOV 25 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094117

1. Corporation Name

HORIZON INTERNATIONAL GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

9036 Shom Creek Drive  
Tallahassee, FL 32312

9036 Shom Creek  
Drive  
Tallahassee FL  
32312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

801 12 Ave. S.

Suite, Apt. #, etc.

203

City & State

NAPLES FL

Zip

33402

Country

USA

3. New Mailing Office Address, If Applicable

500 Greenwich ST

Suite, Apt. #, etc.

602

City & State

New York, N.Y.

Zip

10013

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1996

5. FEI Number

59-3414416

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
Director PRES.	John Morrongiello	46 HORIZON 500 Greenwich Street Suite 602	N.Y. NY 10013
Director Exec VP	ANTHONY ABRAZZESE	"	"
Director VP	JANE S W. ERICO	"	"
			400002360264--8 -12/02/97--01017--021 ****750.00 ****750.00

REINSTATEMENT

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FL

11-26-97

8. Name and Address of Current Registered Agent

National Corporate Research, Ltd., Inc.  
1406 Hayes Street, Ste 2  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

John Morrissey, Asst. VP

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY ABRAZZESE

11/24/97

Date

212-274-  
9100

Daytime Phone #

CR25040 (12/96)