

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 10/2
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:34

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000005822

1. Corporation Name

CAROL HORN CONNECTIONS INC.

2. Principal Office Address

17099 RYTON LANE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33496

Country

PALESTINE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

01-05

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/1997

5. FEI Number

65-0726008

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

CAROL HORN

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

17099 RYTON LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

Carol Horn

Date

9/30/05

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
P	CAROL HORN	17099 RYTON LANE	BOCA RATON FL 33496

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: *Carol Horn* CAROL HORN

9/30/05

Date

(561)
998-3459

Daytime Phone #

ROSMAN AND COMPANY

Certified Public Accountants
99 West Hawthorne Avenue, Ste. 610
Valley Stream, NY 11580-6101
(516) 561-2727
fax: (516) 561-8421

2072

September 29, 2005

Florida Department of State
Secretary of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Carol Horn Connections Inc.
P97000005822

Dear Sirs,

We are filing this corporate reinstatement as the 2001 annual report remains unfilled. The normal reinstatement fee is \$350.00, but we respectfully request a waiver of \$600.00 as the appropriate forms were never received at the mailing address of record.

Enclose please find a dually executed and signed corporate reinstatement form along with the fee of \$750.00 payable to The Department of State. Taxpayer humbly requests the waiver of the \$600.00.

Sincerely,


Martin H. Dressler

Enc.
Cc:Carol Horn, President