

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000005822

1. Entity Name
CAROL HORN CONNECTIONS INC.



06 OCT 19 11 3:23

Principal Place of Business
17099 RYTON LANE
BOCA RATON, FL 33496

Mailing Address
17099 RYTON LANE
BOCA RATON, FL 33496

2. Principal Place of Business

17029 ROYAL COVE WAY
Suite, Apt. #, etc.

3. Mailing Address

17029 ROYAL COVE WAY
Suite, Apt. #, etc.



REINSTATEMENT 06

City & State

BOCA RATON, FL
Zip 33496 Country USA

City & State

BOCA RATON, FL
Zip 33496 Country USA

4. FEI Number

65-0726008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORN, CAROL
17099 RYTON LANE
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carol Horn

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/17/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HORN, CAROL
STREET ADDRESS 17099 RYTON LANE
CITY-ST-ZIP BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HORN, CAROL
STREET ADDRESS 17029 ROYAL COVE WAY
CITY-ST-ZIP BOCA RATON, FL 33496 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 700081026867
10/19/06--01037--015 **\$150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Carol Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/06

Date

Daytime Phone #

B. Mitchell

OCT 19 2006