


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="margin: 5px 0;">98 DEC 31 PM 1:27</div> <div style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # P97000079527 1. Corporation Name The Horizon Group, Inc.					
Principal Place of Business		Mailing Address c/o William Lambrecht 200 South Orange Ave. Sarasota, FL 34236			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 7101 Point of Rocks Circle Suite, Apt. #, etc.		3. New Mailing Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 9/12/97	
City & State Sarasota, Florida		City & State		5. FEI Number 65-0793911	
Zip 34242		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DPST	James D. Abrams	7101 Point of Rocks Circle	Sarasota, FL 34242		
D	John R. Young	13950 Switzer Road	Overland Park, KS 66221		
<div style="font-size: 1.5em; font-weight: bold; margin: 0;">REINSTATEMENT 98</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">4000002727884--1</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">12/31/98</div>					
8. Name and Address of Current Registered Agent William G. Lambrecht, Esq. 200 South Orange Avenue Sarasota, FL 34236			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 <u>William G. Lambrecht</u> Date <u>12/29/98</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>John R. Young</u> John R. Young, Director <u>12/30/98</u> <u>913 681 6918</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (12/95)



ACCOUNT NO. : 072100000032

REFERENCE : 084863 4352702

AUTHORIZATION :

Patricia Pizzuti

COST LIMIT : \$ 750.00

ORDER DATE : December 31, 1998

ORDER TIME : 10:34 AM

ORDER NO. : 084863-005

CUSTOMER NO: 4352702

CUSTOMER: Ms. Lisa Folis
Williams Parker Harrison Dietz
200 South Orange Avenue

Sarasota, FL 34236

DOMESTIC FILINGS

NAME: THE HORIZON GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS

B

12/31/98

RECEIVED
SECRETARY
DIVISION OF CORPORATION