

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 OCT 25 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000025993**

1. Corporation Name

HORIZON SITE SERVICES, INC.

Principal Place of Business

Mailing Address

3449 PARK SQUARE EAST #3
TAMPA FL 33613

3449 PARK SQUARE EAST #3
TAMPA FL 33613

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1998

5. FEI Number

59-3504735

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P/D	TOUCHSTONE, L. NAPIER P/D	3449 PARK SQUARE EAST #3	TAMPA FL 33613
VP	SMITH, PAT	P.O. BOX 3107	ST. PETERSBURG FL 33731
V.P.	Rusty Humberson	331 Canterbury DR	LA Place, LA, 70068
			700004679217--5 -11/14/01--01085--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BROWN, GLENN E
2529 WEST BUSCH BLVD
SUITE 900
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name
L. Napier Touchstone
Street Address (P.O. Box Number is Not Acceptable)
3449 PARK Sq. E.
Suite, Apt. #, Etc.
#3
City
Tampa
State
FL
Zip Code
33613

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

L. Napier Touchstone
REGISTERED AGENT MUST SIGN

Date **8/22/01**

11. 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:

L. Napier Touchstone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/22/01

Daytime Phone #

813-340-9435

CR2E040 (8/01)