

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 15 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000049373**

1. Corporation Name

Horizon Acceptance, Inc.

2. Principal Office Address

2701 Lisenby Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

2701 Lisenby Ave.
Suite, Apt. #, etc.

City & State

Panama City, Fl.

Zip

Country

32405

USA

City & State

Panama City, Fl.

Zip

Country

32405

USA

REINSTATEMENT

00-50

4. Date Incorporated or Qualified
To Do Business in Florida

6-1-1998

5. FEI Number

59-3532189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darryl Pierce

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

2701 Lisenby Ave.

Suite, Apt. #, Etc.

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-03/22/00--01018--004

*****1817.50 ****908.75**

City

Panama City

State

FL

Zip Code

32405

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **3-13-00**

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
D	Darryl Pierce	2012 W. 23rd Ct.	Panama City, Fl. 32405

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 850-785-1994

Date

Daytime Phone #