

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 18 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 49373

1. Corporation Name

Horizon Acceptance, Inc.

2. Principal Office Address

3604 Highway 390

Suite, Apt. #, etc.

City & State

Panama City, Fl.

Zip

32405

Country

USA

3. Mailing Office Address

3604 Hwy. 390

Suite, Apt. #, etc.

City & State

Panama City, Fl.

Zip

32405

Country

USA

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

1979

5. FEI Number

59-3104627

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

Darryl L. Pierce

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

3604 Hwy. 390

Suite, Apt. #, Etc.

City

Panama City, Fl.

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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

1-31-03

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
D.	Darryl L. Pierce	2012 W. 23rd Ct.	Panama City, Fl. 32405
		8/25/02 90217 038	\$550.00
		06/03/02 91165 036	\$150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03

Date

850-785-1994

Daytime Phone #

CR2E081 (10/02)