PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 26 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101625

1. Corporation Name
Horizonline Inc.

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
1672 W. Hillsboro Bvld	1672 W. Hillsboro Blvd
Suite, Apt. #, etc.: #110	Suite, Apt. #, etc.: #110
City & State: Deerfield Beach FL	City & State: Deerfield Beach, FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: November 19, 1999

5. FEI Number: 522203181 ☐ 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: CorpAmerica, Inc.

Street Address (P.O. Box Number is Not Acceptable): 416 SE 15 Street

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33316

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****750.00 ****750.00
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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: Rian Zyezdaeva Asst. Secretary
REGISTERED AGENT MUST SIGN

Date: November 21, 2001

CR2E061 (9/00)

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
Mr	Leslie F. Jones Director	1627 West Hillsboro	Deerfield Beech,
Mr	Robin Hendley Director	Boulevard, #110.	FL, 33442-1690

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: R. Robin Hendley 14th Nov 01 0044-7931-764-339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #