PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 27 PM 2:38

DOCUMENT # S59129

1. Corporation Name
NEW HORIZONS GENERAL CONTRACTORS, INC.

Principal Place of Business
2511 PARK STREET
LAKE WORTH, FLORIDA
33460

Mailing Address
2511 PARK Street
LAKE WORTH, Fl. 33460

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

**REINSTATEMENT** 98-99

2. New Principal Office Address, If Applicable
SAME AS Above
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 06/10/1991

5. FEI Number 65-0269494 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| PRESIDENT | MARK A. ANNUNZIATA | 2511 PARK STREET | LAKE WORTH, FLORIDA 33460 |
| | | | 700003 007567 |
| | | | 10-06-99 -01074-006 |
| | | | $990.00 #990.01 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent
MARK A. ANNUNZIATA
2511 PARK STREET
LAKE WORTH, FLORIDA 33460

9. Name and Address of New Registered Agent
Name: LOUIS A. ANNUNZIATA
Street Address (P.O. Box Number is Not Acceptable): 2511 PARK STREET
Suite, Apt. #, Etc.: SUITE
City: LAKE WORTH | State: FL | Zip Code: 33460

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: LOUIS ANNUNZIATA REGISTERED AGENT MUST SIGN
Date: 11/9/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: MARK A. ANNUNZIATA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/9/99
Daytime Phone #: 1-561-582-3500