PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED
AND
FILED

00 MAY 18 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V55291

1. Corporation Name

Horizon Valves Fitting, Inc.

2. Principal Office Address

10592 Balmoral Circ.

Suite, Apt. #, etc.

#10

City & State

Jacksonville, Fla

Zip
32214

Country
Duval

3. Mailing Office Address

P.O. Box 28180

Suite, Apt. #, etc.

City & State

Jacksonville

Zip
32218

Country
Duval

4. Date Incorporated or Qualified To Do Business in Florida 7/92

5. FEI Number
59-3134287

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
Lewis J. Garza

Street Address (P.O. Box Number is Not Acceptable)
1307 Jean Court

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32207

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5000032570 75---1
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***1200.00  ***1200.00
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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 _____

REGISTERED AGENT MUST SIGN

Date 5/18/0

CR2E081 (9/99)

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
Pres	Lewis J. Garza	1307 Jean Court	Jax, Fla. 32209

REINSTATEMENT 97-2000
Cus

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*****10.00  *****8.75
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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

5/18/0 - 904-757-23

Date   Daytime Phone #