

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -8 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70222

1. Corporation Name

Horizon Electronics Loss Prevention, Inc.

2. Principal Office Address - No P.O. Box #

7925 Evies Way

Suite, Apt. #, etc.

City & State

Port Richey, FL 34668

Zip

34668

Country

USA

3. Mailing Office Address

7925 Evies Way

Suite, Apt. #, etc.

City & State

Port Richey, FL 34668

Zip

34668

Country

USA

400161498964
10/08/09--01029--012 ***308.75
CR2E081 (12/08)

REINSTATEMENT
To Do Business in Florida 10/06/1992

5. FEI Number
59-3140304

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

Andrew DeSimone

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

7925 Evies Way

Suite, Apt. #, Etc.

City

Port Richey, FL 34668

State

FL

Zip Code

34668

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10/7/2009

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
PST	Andrew DeSimone	7925 Evies Way	Port Richey, FL 34668

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 contained in Chapter 119, 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

Andrew DeSimone

10/7/2009

Date

727-845-4444

Daytime Phone #