

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 APR -9 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000088506

1. Corporation Name
SNY, INC.

2. Principal Office Address
13560 SW 109 Court

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33156 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified To Do Business in Florida 9-18-2000

5. FEI Number 65-1040432 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
Dimitrios Koutsodendris

Street Address (P.O. Box Number is Not Acceptable)
13560 SW 109 Court

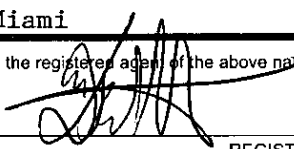
Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33156

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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 04/08/2002

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.	Dimitrios Koutsodendris	13560 SW 109 Court	Miami, FL 33176
VP/SEC	Alexandra Papageorgiou	13560 SW 109 Court	Miami, FL 33176

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

Date 04/08/2002 Daytime Phone # 305-255-2496

CR2E081 (9/01)