

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 29 AM 10:27

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000010120

1. Corporation Name

Snapy Communications, Inc.

2. Principal Office Address

1500 University Dr.

Suite, Apt. #, etc.

Suite 117

City & State

Coral Springs

Zip

33071

County

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

1 26 01

5. FEI Number

65 1076 203

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

Avalon, RJ

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

1500 University Dr

Suite, Apt. #, Etc.

Suite 117

City

Coral Springs

State

FL

Zip Code

33071

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

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	Katin Blaskoff	1500 University Dr Ste 117	Coral Springs FL 33071
V.Pres	Nikolay Blaskov	1500 University Dr Ste 117	Coral Springs FL 33071
Sec	RJ Avalon	1500 University Dr Ste 117	Coral Springs, FL

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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)(f), 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

11/21/05

Date

Daytime Phone #