

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000056104

Entity Name: THE SNA GROUP, INC

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

610 CROWN OAK CENTRE DR  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

610 CROWN OAK CENTRE DR  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 20-8994312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARMA, BOB A  
610 CROWN OAK CENTRE DR  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BOB VARMA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BULLAS, JEREMY  
Address: 610 CROWN OAK CENTRE DR  
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete  
Name: WIGGALL, ADAM  
Address: 610 CROWN OAK CENTRE DR  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: VARMA, BOB A  
Address: 610 CROWN OAK CENTRE DR  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEREMY BULLAS

Electronic Signature of Signing Officer or Director

MR

03/24/2009

Date