

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2022 JUN 27 AM 8:46

STATE
TALLAHASSEE, FL

500390140275
06/27/22--01007--007 **1200.00

CR2E081 (11/10)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #P18000008326

1. Corporation Name

SNH Properties, Inc.

2. Principal Office Address - No P.O. Box # 11082 Parliament Lane		3. Mailing Office Address 11082 Parliament Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Frisco, Texas		City & State Frisco, Texas	
Zip 75035	Country USA	Zip 75035	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/24/2018	
5. FEI Number 82-2490461	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CAPITOL CORPORATE SERVICES, INC.	
Street Address (P.O. Box Number is Not Acceptable) 515 E Park Avenue	
Suite, Apt. #, Etc. 2nd Floor	
City Tallahassee	State FL
Zip Code 32301	

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 Taylor Seay Taylor Seay, as Asst. Secretary Date 06/27/2022
 REGISTERED AGENT MUST SIGN

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
P	Steven DiChiaro	11082 Parliament Lane	Frisco, Texas 75035
D	Holly DiChiaro	11082 Parliament Lane	Frisco, Texas 75035

REINSTATEMENT

2020-2022

6/28/2022

10. E-mail Address: sjdichiaro@globe.life

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 6/27/2022

Trans#: 1304449

Entity Name: SNH PROPERTIES, INC.

Articles of Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement (XXX) ,

Other ()

Articles of Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

STATE FEES PREPAID WITH CHECK #2832 FOR \$1200.00

PLEASE RETURN:

Certified Copy ()

Good Standing ()

Plain Photocopy (XXX)

Certificate of Fact ()

RECEIVED
2022 JUN 27 AM 10:44
ALLIANCE, FLO.