

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 NOV 24 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **417803**

1. Corporation Name

**SNOOK ENTERPRISES INC**

Principal Place of Business

3000 LAND O LAKE BOULEVARD  
LAND O LAKES FL 34639  
US

Mailing Address

3000 LAND O LAKES BOULEVARD  
LAND O LAKES FL 34639  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/1973

5. FEI Number

59-1439973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VD	SNOOK, NORMAN	2942 JABUD LANE	LAND O LAKES, FL 00000 34639
PD	SEBASTIAN, JUDITH	22307 CARSON DRIVE	LAND O LAKES, FL 00000 34639
SD	SNOOK, JANE HILL	2942 JABUD LANE	LAND O LAKES, FL 00000 34639
TD	SEBASTIAN, TIMOTHY	22307 CARSON DRIVE	LAND O LAKES FL 34639

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

SEBASTIAN, JUDITH  
22307 CARSON DRIVE  
LAND O LAKES FL 34639

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002358103--3

11/25/97-01088-003

\*\*\*750.00 State \*\*\*750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Judith Sebastian*

REGISTERED AGENT MUST SIGN

Date

11/14/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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:

*Judith Sebastian*

Judith Sebastian, Pres. 11/14/97

813-949-6313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)