

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 432841

1. Corporation Name

S.N.H., Inc.

Principal Place of Business

Mailing Address

9655 S. Dixie Hwy., Suite 315
Miami, FL 33156

FILED

99 JAN 19 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002751767--4
-01/22/99--01087--013
***2412.50 ***2412.50

REINSTATEMENT 82-99

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 8/16/73

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1483417

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D Ex Off	Maurice Friedland	9655 S. Dixie Hwy,	Miami, FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Maurice Friedland

Street Address (P.O. Box Number is Not Acceptable)
9655 S. Dixie Hwy.

Suite, Apt. #, Etc.
315

City Miami

State FL

Zip Code 33156

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

Maurice Friedland

REGISTERED AGENT MUST SIGN

Date

1/14/99

11. This corporation owes 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:

Maurice Friedland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

305-665-0461

Daytime Phone #

CR2001 (12/98)