

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 26 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 610606

1. Corporation Name

Sam N. Holloway & Co., Inc.

REINSTATEMENT _____

2. Principal Office Address - No P.O. Box # 4348 Southpoint Blvd.		3. Mailing Office Address 4348 Southpoint Blvd.	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country US	Zip 32216	Country US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
02/21/1979

5. FEI Number
59-1888833

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Scott C. Snyder		
Street Address (P.O. Box Number is Not Acceptable) 4348 Southpoint Blvd.		
Suite, Apt. #, Etc. Suite 400		
City Jacksonville	State FL	Zip Code 32216

300255021693
12/26/13--01028--010 **750.00

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

Date **12/23/2013**

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/D	Scott C. Snyder	13457 Troon Trace Ln.	Jacksonville, FL 32225

10. E-mail Address: **Scott.Snyder@compasscgl.com**

(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 indicated 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:

Scott C. SNYDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/2013

904 899,4067

Date Daytime Phone #

DEC 26 2013

C. CARROTHERS