

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F02000002285

1. Corporation Name

SN HOLDINGS, INC.

Principal Place of Business

7606 WEST SANDLAKE ROAD
ORLANDO FL 32819

Mailing Address

7606 WEST SANDLAKE ROAD
ORLANDO FL 32819

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

05/02/2002

5. FEI Number

61-1358659

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 3	City / State / Zip 4
CP	ROBBINS, LANSDON B	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819
VPVC	CALLAHAN, KEVIN M	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819
STD	SCHWERTLEY, E. WAYNE	7606 WEST SANDLAKE ROAD	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

HANSEN, TOM
7606 WEST SANDLAKE ROAD
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/03

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., 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:

SIGNATURE REQUIRED
Edward Wayne Schwertley 10/27/02 812-258-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

SN Holdings, Inc.
7606 West Sandlake Road
Orlando, FL 32819-5112

October 23, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

I request reinstatement without penalty for SN Holdings, Inc. (EIN 61-1358659). I represent that SN Holdings, Inc. did not receive the two prior Uniform Business Report (UBR) notices referenced in the revocation letter. Enclosed is a check for \$150 to reinstate SN Holdings, Inc. to good standing in the state of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Wayne Schwertley", written in a cursive style.

E. Wayne Schwertley
Secretary, Treasurer, Director – SN Holdings, Inc.