

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

2008 JUN 23 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F32419

1. Corporation Name

Snug Harbor, Inc.

2. Principal Office Address - No P.O. Box

2921 W. Michigan Avenue

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32526

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1981

5. FEI Number
59-0299833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rachel Woodruff

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

2921 W. Michigan Ave

Suite, Apt. #, Etc.

City

Pensacola, Florida

State

FL

Zip Code

32526

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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*Rachel S Woodruff*
REGISTERED AGENT MUST SIGNDate *6/25/08*

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	Marvin L Woodruff	2921 W. Michigan Ave	Pensacola, FL 32526
VP	Lynn C Woodruff	2921 W. Michigan Ave	Pensacola, FL 32526
S	Rachel Woodruff	2921 W. Michigan Ave	Pensacola, FL 32526

10. 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 contained in Chapter 119, 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:

Rachel S Woodruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*6/25/08*
Date*850 434 8880*
Daytime Phone #