

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15172

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # # 94232

1. Corporation Name

SN'S Enterprises, Inc.

2. Principal Office Address  
950 SE 4 Avenue

3. Mailing Office Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Pompano Beach, FL

City & State  
same

Zip  
33060

Country  
USA

Zip

Country

REINSTATEMENT 04-06

T. Roberts FEB 16 2006

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number  
59-2638967

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Jean Michael Lopez

Street Address (P.O. Box Number is Not Acceptable)  
950 SE 4 Avenue

Suite, Apt. #, Etc.

City  
Pompano Beach

State  
FL

Zip Code  
33060

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

*Jean Michael Lopez*  
REGISTERED AGENT MUST SIGN

Date 2-8-06

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, V, S, T	Jean Michael Lopez	950 SE 4 Avenue	Pompano Beach, FL 33060

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:

*Jean Michael Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2-8-06 954-931-7993

Date

Daytime Phone #

pg 2 of 2

February 8, 2006

Division of Corporations  
POB 6327  
Tallahassee, FL 32314

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Re: SN'S ENTERPRISES, Inc.  
59-2638967  
Document # H94232

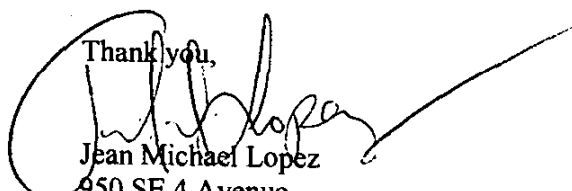
To Whom It May Concern:

I respectfully request that the penalty be waived for not filing my prior 3 corporate annual reports. I moved during that time and therefore, did not receive any of your notices for filing my Corporate Annual Report.

Pursuant to my conversation with your representative (Tina on 2-8-06), enclosed is the Reinstatement application and a check for \$450 to cover the past 3 years and request that my corporation be reinstated to active status.

If you need additional information, please give me a call at the number listed below.

Thank you,



Jean Michael Lopez  
950 SE 4 Avenue  
Pompano Beach, FL 33060  
954-931-2993