

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000021580
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:08

1. DOCUMENT # L01000021580

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004810 01 FP 0.352 **PRSRT T5 0 0615 33606-402781
SNPC, LLC
81 MARTINIQUE AVE.
TAMPA FL 33606-4027



CR2E034 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 81 MARTINIQUE AVE. TAMPA FL 33606		5. Date Organized or Qualified To Do Business in Florida 12/13/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent LITSKY, MATT ESQ. PHELPS DUNBAR, LLP 100 NORTH TAMPA ST., STE. 3600 TAMPA FL 33602		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Dennis E Manelli Street Address (P.O. Box Number is Not Acceptable): Phelps Dunbar, LLP 100 South Ashley Drive, #1900 City: Tampa FL Zip Code: 33602			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: Dennis E Manelli Date: 11/11/02 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Dennis E. Manelli 81 Martinique Ave. Tampa, FL 33606	81 Martinique Ave	Tampa FL 33606

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Dennis E Manelli Date: 11/10/02 Daytime Phone: 813-472-7550

Typed or printed name of signing Managing Member/Manager: Dennis E. Manelli