

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Samuel B. North
Secretary of State

DIVISION OF CORPORATIONS

FILED
98 MAR 11 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L 27395

1. Corporation Name

SNAPPY LUDIE INC

Principal Place of Business

6810 HERITAGE DR

PORT ST LUCIE FL
34952

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or
To Do Business in Florida

5. FEI Number

65 0154 339

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	DOOLE BENJAMIN	6810 HERITAGE DR	PORT ST LUCIE FL 34952
SP	DOOLE PATRICIA	6810 HERITAGE DR	PORT ST LUCIE R 34952
V	DOOLE SIMON	6810 HERITAGE DR	PORT ST LUCIE FL 34952

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOOLE, BENJAMIN
6810 HERITAGE DRIVE
PORT ST LUCIE FL 34952

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-10-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. DOOLE

Date

Daytime Phone #

3-10-98