

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

02 NOV 13 PH 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001937

Name and Mailing Address

0000811 01 FP 0.352 **PRSR T3 0 0615 32807-631309



SNS ORLANDO-04, LLC
7309 E. COLONIAL DR.
ORLANDO FL 32807-6313



2. New Mailing Address

2120 16th Ave South

City, State, Zip
Birmingham, AL 35205

Principal Place of Business

7309 E. COLONIAL DR.
ORLANDO FL 32807

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

AL

5. Date Organized or Qualified
To Do Business in Florida

08/24/2001

6. FEI Number

63-1281165

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Alison Hanna
REGISTERED AGENT MUST SIGN

Date 11/13/02

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
Mgrm	Samuel W. Kelley	105 Church St, Suite C	Rainbow City, AL 35906
Mgrm	Don Colegrove	" "	" "

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11/14/02--01004--004 **150.00

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

Don Colegrove

Date 11-6-02

Daytime Phone # 256-442-4070

Typed or printed name of signing Managing Member/Manager

Don Colegrove