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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000006271

1. Corporation Name

**SNN ENTERPRISES INC.**

2. Principal Office Address

**2642 COLLINS AVE**

Suite, Apt. #, etc.

**306**

City & State

**MIAMI BEACH**

Zip

**33140**

Country

**USA**

3. Mailing Office Address

**2642 COLLINS AVE**

Suite, Apt. #, etc.

**306**

City & State

**MIAMI BEACH**

Zip

**33140**

Country

**USA**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/29/00**

5. FEI Number

**65-0975785**

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

**MANUEL EXPOSITO**

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

**2642 COLLINS AVE**

Suite, Apt. #, Etc.

**305**

City

**MIAMI BEACH**

State

**FL**

Zip

**33140**

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

*Manuel Exposito*

REGISTERED AGENT MUST SIGN

Date **03/14/06**

**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
PSTD	MANUEL EXPOSITO	2642 COLLINS AVE #306	MIAMI BEACH, FL 33140
D	IRENE EXPOSITO	2642 COLLINS AVE #306	MIAMI BEACH, FL 33140

900069161689  
03/31/06--01032--010 \*\*450.00

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:

*Dee E...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/06

Date

Daytime Phone #

*Agarwal*

SNN ENTERPRISES INC.  
2642 COLLINS AVE STE 306  
MIAMI BEACH, FL 33140

Tuesday, March 14, 2006

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 6327  
TALLAHASSEE, FL 32314

RE: REINSTATEMENT UNIFORM BUSINESS REPORT #P00000006271

We are filing to pay the reinstatement annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally file late because we never received any correspondence from your department by the post office. Please, we respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$450.00 covering the 2004, 2005 and 2006 filing years. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

  
IRENE EXPOSITO - PRESIDENT