

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000074828

1. Corporation Name

Snyder Drafting Services, Inc.

2. Principal Office Address

1578 EL Jobean Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1578 EL Jobean Rd.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL.

City & State

Port Charlotte, FL

Zip

33948

Country

Charlotte

Zip

33948

Country

Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

5. FEI Number

651029964

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

PAULA SNYDER

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

1578 EL Jobean Rd.

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33948

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

Paula Snyder

Date

6/13/05

REGISTERED AGENT MUST SIGN

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	Robert L Snyder	15636 AUTRY CIRCLE	Port Charlotte, FL. 33981

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 under section 119.07(3)(l), 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:

Robert L Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L SNYDER

6/13/05 941 766-7977

Date

Daytime Phone #

CR2E081 (01/05)