

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 NOV 24 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700138240357  
11/24/08--01062--028 \*\*1200.00  
CR2E081 (10/08)

DOCUMENT # P00000075142

1. Corporation Name

Snapp, Inc.

2. Principal Office Address - No P.O. Box #

1240 Saint Tropez Circle

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32806

Country

USA

3. Mailing Office Address

1240 Saint Tropez Circle

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32806

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida August 3, 2000

5. FEI Number

59-3664344

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

Patrick M. Magill, Esquire

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

1234 East Concord Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
D	Brian Snapp	1240 Saint Tropez Circle	Orlando, Florida 32806
P/S/T	Brian Snapp	1240 Saint Tropez Circle	Orlando, Florida 32806

REINSTATEMENT

05-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/08