

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 13 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 ANNUAL REPORT

DOCUMENT # P01000012058

1. Corporation Name

SNIC FINANCIAL GROUP, INC.

5097 WELLINGTON PARK CIR

2. Principal Office Address

5097 WELLINGTON PARK CIR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32839

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/01/2001

5. FEI Number

52-2294592

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

SOFIA NASEEM

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

5097 WELLINGTON PARK CIR

Suite, Apt. #, Etc.

D63

City

ORLANDO

State

FL

Zip Code

32839

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

Sofia Naseem

REGISTERED AGENT MUST SIGN

Date 07/07/2004

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
PRES	SOFIA NASEEM	5097 WELLINGTON PARK CIR	ORLANDO, FL 32839

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)(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:

Sofia Naseem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/2004

Date

9042265020

Daytime Phone #

CF2E081 (01/04)

FROM:
SNIC FINANCIAL GROUP, INC
5097 WELLINGTON PARK CIR D63
ORLANDO, FL 32839

20f2
FILED

04 SEP 13 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Subject: ANNUAL REPORTING

**DUE TO CHANGE OF ADDRESS WE DIDN'T
RECEIVE THE ANNUAL REPORTING NOTICE.
PLEASE WAIVE THE LATE FEE AND ACTIVATE
MY CORPORATION.**

THANKS FOR YOUR HELP

SOFIA NASEEM

Sofia Naseem
PRESIDENT