			محسرة السهارية			, 1
<b>ℓ</b> 3	PLEASE READ	ALL INSTRUCT	TIONS BEFORE (	OMPLETING		112
	RPORATION STATEMENT	Secreta	RTMENT OF STATE  ry of State  corporations		FILED 6 FEB -8 PH 2: 2 ECATIVATE OF STATE LAHACS IT FLORE	
DOCUMENT # PO1000051608  1. Corporation Name  SNMP FRAMEWORKS, INC.				!	JUAHASSEE, FLGRE	ĴA
Way-1089				0000 02/10/06-	065596450 -01076010 **6	) 500.00
2. Principal Office Address 31. CONNERS KVE POB  Suite, Apt. #, etc. Suite, Apt. #, etc.			ox 992		CR2E081 (12/05)	13-04
City & State City & State			4. Date Inc. To Do B		Floride 5-/1- Z	001
ZID	Zip Country Zip		CA Country MARIN	5. FEI Number - 39 - 371 - 80 40 - 6. CERTIFICATE OF STATUS DESIRED SE		Applied For Not Applicable
34108 Collier 94948 MARJN CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status  7. Name and Address of Current Registered Agent						
8. l. being	Name ROGER MILLER  Street Address (P.O. Box Number is Not Acceptable) 223 Dol phin Cave Ct.  Suite, Apt. #, Etc.  City BONITA SPRINGS  State Zip Code FL 34/34  Deing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.					
Signature of Registered Agent Agent Agent MUST SIGN?  Date /2/30/2005						
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	George Faucher		311 Conners Ave		ples, FL 34	1108
Scety Trees	Philip Hargrove		1462 Pastel Lane		vato, CA 9	4947
19	Jeff Davison		1421 Victoria Blad		Hedge, FL 3	2955
						——
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:    12/31/2005						
		INTED NAME OF BIGNING	FFICER OR DIRECTOR	Days	Daytime Phone #	#

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## SNMP FRAMEWORKS, INC.

Administrative Offices PO BOX 992 Novato, CA 94948-0992

> 415-595-9088 Fax 415-962-0737

December 31, 2005

Florida Department of State Division of Corporations PO Box 6326 Tallahassee, FL 32134

To Whom It May Concern:

Enclosed is a completed corporation reinstatement form requesting that the corporation SNMP Frameworks, Inc. be reinstated along with a check for 2003, 2004, 2005 and 2006 in the amount of \$600.00.

Our accountant informed us yesterday that the state had dissolved the corporation due to lack of payment of annual fees. While checking your records on the Internet we noticed that our mailing address was incorrect (see enclosed). Our address was PO Box 111115 which often was misinterpreted as 11115 due to the number of ones. We have closed to PO Box.

The corporation continues to operate at the following physical address...

311 Conners Ave. Naples, FL 34108-2123 1-239-514-3331

Our administrative offices are at

PO Box 992 Novato, CA 94948-0992 1-415-595-9088

Our Florida Registered Agent is

Roger Miller 223 Dolphin Cove Ct. Bonita Springs, FL 34134 1-239-8099

Our preferred mailing address would be either our administrative offices or second our Registered Agent.

Regards,

Phil Hargrove Secretary/Treasurer