

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000105915

Entity Name: SNOWCAP PRODUCTS, INC.

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

245 NW WILDFLOWER
LAKE CITY, FL 32055

New Principal Place of Business:

372 SW SUDAY GLN.
LAKE CITY, FL 32024

Current Mailing Address:

PO BOX 3175
LAKE CITY, FL 32055

New Mailing Address:

PO BOX 3175
LAKE CITY, FL 32056

FEI Number: 59-3746997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADDOX, BOBBIE E
245 NW WILDFLOWER LANE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

HADDOX, BOBBIE E
372 SW SUNDAY GLN.
LAKE CITY, FL 32024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BOBBIE HADDOX

10/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HADDOX, MARK
Address: 245 NW WILDFLOWER LANE
City-St-Zip: LAKE CITY, FL 32055

Title: VPSD () Delete
Name: HADDOX, BOBBIE
Address: 245 NW WILDFLOWER LANE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HADDOX, MARK
Address: 372 SW SUNDAY GLN.
City-St-Zip: LAKE CITY, FL 32024

Title: VPSD (X) Change () Addition
Name: HADDOX, BOBBIE
Address: 372 SW SUNDAY GLN.
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE HADDOX

VPSD

10/11/2006

Electronic Signature of Signing Officer or Director

Date