

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. E D

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 29 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000030023

1. Corporation Name

SNO-PRO, INC.

REINSTATEMENT 03

700024247307
10/29/03--01016--013 **150.00

2. Principal Office Address

14770 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

same as principal office

Suite, Apt. #, etc.

City & State

N. Miami Beach FL

City & State

Zip 33181

Country USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

03-0409132

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

ERIC P. STEIN

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

1820 N.E. 163 Street

Suite, Apt. #, Etc.

Suite 100

City

North Miami Beach

State
FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date

10/23/03

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
DPS	Ferrell J. Goldsmith	14770 Biscayne Blvd.	N. Miami Beach FL 33181
DV	Shane D. Goldsmith	14770 Biscayne Blvd.	N. Miami Beach FL 33181

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shane D. Goldsmith

10/23/03 (786)290-7373

Date

Daytime Phone #

CR2E081 (10/02)

SHANE D. GOLDSMITH
14770 Biscayne Boulevard
North Miami Beach, Florida 33181

October 24, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **Sno-Pro, Inc., Corporation Reinstatement**

Dear Sir/Madam:

I respectfully request that you waive the reinstatement fee as we never received the 2003 Annual Report.

Sincerely,

Shane D. Goldsmith

Enclosures