

03 UBR PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000073707

1. Corporation Name
SNS INVESTMENTS, INC.

Principal Place of Business
~~2024 LINDEN ROAD~~
WINTER PARK FL 32792


Mailing Address
~~2024 LINDEN ROAD~~
WINTER PARK FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
100 LAKE AVE
Suite, Apt. #, etc.
MAITLAND FLORIDA
City & State
Zip 32751 Country USA

3. New Mailing Office Address, If Applicable
100 LAKE AVE
Suite, Apt. #, etc.
MAITLAND FLORIDA
City & State
Zip 32751 Country USA

FILED
03 OCT 28 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida
07/01/2002

5. FEI Number
03 - 0470717
Applied For
Not Applicable


6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STAHLMAN, CLINTON WAYNE	2024 LINDEN ROAD	WINTER PARK FL 32792
D	NICHOLS, SEAN PAUL	805 SECOND STREET	ALTAMONTE SPRINGS FL 32701
D	SAXTON, JASON SCOTT	1732 TEALBRIAR AVENUE	OVIEDO FL 32765
			700024336737 10/31/03--01078--012 **150.00

8. Name and Address of Current Registered Agent
WEATHERFORD, WILLIAM P JR.
1031 W. MORSE BLVD., SUITE 105
WINTER PARK FL 32789


9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent  SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date _____

11. 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:  SIGNATURE REQUIRED STAHLMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03 407 629-7599
Date Daytime Phone #

CR2E040 (7/03)

SNS INVESTMENTS, INC.
100 Lake Avenue
Maitland, Florida 32751

Phone 407-629-7599
Fax 407-629-6407

October 18, 2003

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

LETTER FOR REINSTATEMENT

I, Clinton Wayne Stahlman III, owner of SNS Investments, Inc. did not receive a packet from the Department of State regarding an annual report to be filed for the said corporation. I would like you to use this letter and the enclosed application as my request to reinstate the said corporation, SNS Investments, Inc.. This letter will also be used as authorization as well as the application to update the address and officers for the corporation. If I can be of further assistance or if you need additional documentation, please contact me at the above number. Thank you in advance for your help in this matter.

Clinton Wayne Stahlman III



Enclosure