


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000134653		
1. Entity Name SNYDER'S CARPENTRY INC.		


FILED

04 NOV -3 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 323 PALM ST INTERLACHEN, FL 32148	Mailing Address 323 PALM ST INTERLACHEN, FL 32148
---------------------------------------------------------------------	---------------------------------------------------------

2. Principal Place of Business 323 Palm Street Suite, Apt. #, etc.	3. Mailing Address 323 Palm Street Suite, Apt. #, etc.
City & State Interlachen, FL	City & State Interlachen, FL
Zip 32148	Country Putnam

	
REINSTATEMENT 2004	
4. FEI Number 522400625	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, BRIAN 323 PALM ST INTERLACHEN, FL 32148	
----------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <u>Brian C. Snyder</u>	DATE: <u>10/31/04</u>

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, BRIAN 323 PALM ST INTERLACHEN, FL 32148	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042437416 11/03/04--01039--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042437416 11/03/04--01039--011 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Brian C. Snyder</u>	DATE: <u>10/31/04</u>