


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

TO: GARY Blankenbaker  
Thank you for your assistance on today  
06 MAY 15 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000155696**

1. Entity Name  
**SNAILRUN INC**



Principal Place of Business  
**1453 KING COURT  
WINTER SPRINGS, FL 32708**

Mailing Address  
**P O BOX 1033  
WINTER PARK, FL 32790 US**

2. Principal Place of Business  
**1549 Lynchburg Loop**  
Suite, Apt. #, etc.

3. Mailing Address  
**1549 Lynchburg Loop**  
Suite, Apt. #, etc.

City & State  
**The Villages FL**  
Zip  
**32162** Country  
**Sumter**

City & State  
**The Villages FL**  
Zip  
**32162** Country  
**Sumter**

6. Name and Address of Current Registered Agent  
**WHITE, NANCY L  
1453 KING COURT  
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1549 Lynchburg Loop**  
City  
**The Villages FL** Zip Code  
**32162**

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 Nancy L. White DATE 4-25-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES WHITE, NANCY L 1453 KING COURT WINTER SPRINGS, FL 32708</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy L. White  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04272006 REIN-P CR2E098 (1/05) **05-06**

4. FEI Number  
**56-2488838**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1549 Lynchburg Loop The Villages, FL 32162</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600075217476 05/25/06--01005--014 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4-25-06 407 761 5122 cell  
352 750-4233 H