

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 17 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

DOCUMENT # P05000084442 1. Entity Name S N R ENTERPRISES, INC.					
Principal Place of Business 10629 OLD HAMMOCK WAY WELLINGTON, FL 33414 US			Mailing Address 10629 OLD HAMMOCK WAY WELLINGTON, FL 33414 US		
2. Principal Place of Business 120 NE 2 nd ST.		3. Mailing Address 6810 DOUGLAS ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State HOLLYWOOD, FL		4. FEI Number 20-3109020	
Zip 33432		Country India USA		Zip 33024	
Country India USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHUJA, RAJ 10629 OLD HAMMOCK WAY WELLINGTON, FL, FL 33414			7. Name and Address of New Registered Agent Name HAMUTAL MIZERHI Street Address (P.O. Box Number is Not Acceptable) 6810 DOUGLAS ST. City HOLLYWOOD FL Zip Code 33024		
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>HAMUTAL MIZERHI</u> 1/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P. S. NAME AHUJA, RAJ STREET ADDRESS 10629 OLD HAMMOCK WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete		TITLE P.S.V.P. NAME MIZERHI, HAMUTAL STREET ADDRESS 6810 DOUGLAS ST. CITY-ST-ZIP HOLLYWOOD, FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP, P. S. NAME MIZERHI, HAMUTAL STREET ADDRESS 6810 DOUGLAS STREET CITY-ST-ZIP HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>HAMUTAL MIZERHI</u> 1/8/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

B. Mitchell JAN 17 2007