2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000110505

Entity Name: SNOW INSURANCE CORP.

FILED Oct 26, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

12024 SPLIT BACK CT. 12024 SPLIT BARK CT. ORLANDO, FL 32832 ORLANDO, FL 32832

Current Mailing Address: New Mailing Address:

12024 SPLIT BACK CT. 12024 SPLIT BARK CT. ORLANDO, FL 32832 ORLANDO, FL 32832

FEI Number: 20-3329690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SNOW, TIM

12024 SPLIT BACK CT.

ORLANDO, FL 32832 US

SNOW, TIM

12024 SPLIT BARK CT.

ORLANDO, FL 32832 US

ORLANDO, FL 32832 US

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.

SIGNATURE: TIM SNOW 10/26/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SNOW, TIMOTHY P Name: SNOW, TIMOTHY P

 Address:
 12024 SPLIT BACK CT.
 Address:
 12024 SPLIT BARK CT.

 City-St-Zip:
 ORLANDO, FL 32832
 City-St-Zip:
 ORLANDO, FL 32832

Title: VP (X) Delete Title: () Change () Addition
Name: SNOW JENNIFER C Name:

 Name:
 SNOW, JENNIFER C
 Name:

 Address:
 12024 SPLIT BACK CT.
 Address:

 City-St-Zip:
 ORLANDO, FL 32832
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM SNOW P 10/26/2006