

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000026257**

1. Corporation Name

Snowbird Auto Service, Inc.

2. Principal Office Address - No P.O. Box #

2065 U.S. 1

Suite, Apt. #, etc.

Suite 2

City & State

Rockledge, FL

Zip Country

32955 Brevard

3. Mailing Office Address

2065 U.S. 1

Suite, Apt. #, etc.

Suite 2

City & State

Rockledge, FL

Zip Country

32955 Brevard

40018797384
11/19/10--01032--007 **\$900.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/2006

5. FEI Number

204406717

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
(P) Julian Charterina

Street Address (P.O. Box Number is Not Acceptable)

2065 U.S. 1

Suite, Apt. #, Etc.

Suite 2

City
Rockledge

State
FL

Zip Code
32955

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Julian Charterina

REGISTERED AGENT MUST SIGN

Date **11-16-10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	John Kelley	2065 U.S. 1	Rockledge, FL 32955
P	Julian Charterina	2065 U.S. 1, Ste 2	Rockledge, FL 32955

10. E-mail Address: **MCharterin @ AOL.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

Julian Charterina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-10

Daytime Phone #