

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000034457

FILED  
Oct 08, 2009  
Secretary of State

Entity Name: SNOWMAN REFRIGERATED EXPRESS INC

**Current Principal Place of Business:**

6400 S. HWY. 314-A  
OCKLAWAHA, FL 32179 US

**New Principal Place of Business:**

**Current Mailing Address:**

6400 S. HWY. 314-A  
OCKLAWAHA, FL 32179 US

**New Mailing Address:**

FEI Number: 26-2326423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HYDE, THOMAS W  
16775 SE 27TH PLACE ROAD  
OCKLAWAHA, FL 32179 US

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

HYDE, WILLIAM E III  
6400 S. HWY. 314-A  
OCKLAWAHA, FL 32179 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: WILLIAM E. HYDE III      10/08/2009  
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:**

Title: P ( ) Delete  
Name: HYDE, THOMAS W  
Address: 16775 SE 27TH PLACE ROAD  
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: VP ( ) Delete  
Name: HYDE, THOMAS W II  
Address: 10298 CHADWICK AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: S ( ) Delete  
Name: HYDE, WILLIAM E III  
Address: 6400 S. HWY. 314-A  
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: T ( ) Delete  
Name: HYDE, DONNA J  
Address: 16775 SE 27TH PLACE ROAD  
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: D ( ) Delete  
Name: STOLETZ, ROBERT S  
Address: 1323 36TH STREET W.  
City-St-Zip: BRADENTON, FL 34205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HYDE, THOMAS W  
Address: 343 COLD SPRINGS ROAD  
City-St-Zip: CHILHOWIE, VA 24319 US

Title: VP (X) Change ( ) Addition  
Name: HYDE, THOMAS W II  
Address: 343 COLD SPRINGS ROAD  
City-St-Zip: CHILHOWIE, VA 24319 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HYDE, DONNA J  
Address: 343 COLD SPRINGS ROAD  
City-St-Zip: CHILHOWIE, VA 24319 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM E. HYDE III      S      10/08/2009  
Electronic Signature of Signing Officer or Director      Date