

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000031267
1. Corporation Name
Robert C. Snider + Associates, Inc.

Principal Place of Business Mailing Address
10577 Rocky Garden Lane
Jacksonville, FL 32257

REINSTATEMENT H-90

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida <u>April 29, 1993</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FBI Number <u>59-3070225</u> | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | | Country | | Zip | |
| | | | | CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | |

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|------------------------|
| Pres. | Robert C. Snider | 10577 Rocky Garden Ln | Jacksonville, FL 32257 |
| Sec/Treas | Nancy K. Snider | 10577 Rocky Garden Ln | Jacksonville, FL 32257 |
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|--|--|--|-----------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| Robert C Snider 10577 Rocky Garden Lane Jacksonville, FL 32257 | | Name <u>Same</u> | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State <u>FL</u> |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 11-13-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other aids for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or 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., and that all fees owed by the corporation have been paid. 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: [Signature] Robert C. Snider Date 11-13-96 904-292-2598
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR