

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 AM 11:40

DOCUMENT # P93000044364

1. Corporation Name

SNYDER OVEN REPAIR, INC.

Principal Place of Business

1350 SHEELER RD
APOPKA FL 32703
US

Mailing Address

P O BOX 1224
APOPKA FL 32704
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1993

5. FEI Number

59-3189238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SNYDER, KENNITH E.	1526 N HUDSON ST	ORLANDO FL
VP	SNYDER, AMBER E.	1526 N HUDSON ST	ORLANDO FL
D	BLACK, HARRY E.	2861 CITRON DR	LONGWOOD FL
S	ZINGALLI, ANECA	2861 CITRON DRIVE	LONGWOOD FL 32779
			300004663049--2 -11/06/01--01057--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SNYDER, KENNETH
414 KIBIGHTSWOOD DR
APOPKA FL 32712

9. Name and Address of New Registered Agent

Name SNYDER, KENNETH
Street Address (P.O. Box Number is Not Acceptable)
414 Knightswood Dr
Suite, Apt. #, Etc.
City Apopka State FL Zip Code 32712

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

Kenneth E. Snyder REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/01

AD

11. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Kenneth E. Snyder REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01 407 889 9112

Date

Daytime Phone #

To Whom It May Concern:

Enclosed is the filing fee for the reinstatement of SNYDER OVEN REPAIR, INC. I called and spoke to the office for reinstatement and notified them that we never received the second notice of registration. The person in the office notified me that I should send in a letter about this missing second notice and to send \$150.00 for reinstatement. Thank you for your time.

Sincerely,

Kenneth E Snyder