

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -9 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035280

1. Corporation Name

Snively Alexander, Inc.

2. Principal Office Address

425 Broward Terrace SE

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

3. Mailing Office Address

425 Broward Terrace SE

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1994

5. FEI Number

59-3241628

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Joshua A. Snively

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

425 Broward Terrace SE

Suite, Apt. #, Etc.

City

Winter Haven,

State

FL

Zip Code

33884

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

Joshua A. Snively REGISTERED AGENT MUST SIGN

Date 11/7/00

LS

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	
P/S/ T/D	Susan S. Alexander	540 Liberty Church Road	Mocksville, NC 27028
VP	Joshua A. Snively	425 Broward Terrace SE	Winter Haven, FL 33884

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joshua A. Snively

11/7/00

Date

863 294-8483 x:2

Daytime Phone #