

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 25 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/27/96--01102--005
***375.00 ***375.00

DOCUMENT # **905 000053599**

1. Corporation Name

SNAPCOM INC.

Principal Place of Business

Mailing Address

**2732 S.E. GAY STREET
STUART FL. 34997**

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **9**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

JULY 1, 1995

5. FEI Number

65-0596369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	JAMES FRIEMAN	2230B SPRING HARBOR DR. 2230B SPRING HARBOR DR.	DOLRAY BEACH FL 33445
CHAIRMAN	TRUDEL BROWN	16184 SW INDIANWOOD CR.	INDIAN TOWN FL 34916

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRUDEL BROWN
16184 SW INDIANWOOD CIRCUS
INDIAN TOWN FL. 34916

Name: **JAMES FRIEMAN**
Street Address (P.O. Box Number is Not Acceptable):
2230B SPRING HARBOR DR.
Suite, Apt. #, Etc.:
DOLRAY BEACH State: **FL** Zip Code: **33445**

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

James Frieman
REGISTERED AGENT MUST SIGN

Date: **10/18/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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: *James Frieman Pres. (James Frieman)* 10/18/96 321-220-2403
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #