FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR 29 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 97-03

700017275967
04/29/03--01019--033 **1650.00

DOCUMENT # P97000105960

1. Corporation Name
SNP OF CITRUS COUNTY INC.

2. Principal Office Address	3. Mailing Office Address
3445 N LECANTO	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BEVERLY HILLS FL	City & State: SAME
Zip: 34465 Country:	Zip: SAME Country:

4. Date Incorporated or Qualified To Do Business In Florida: DEC 16 1997

5. FEI Number: 65-0798474 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: VENTKATR ALUGUBELLI

Street Address (P.O. Box Number is Not Acceptable): 3355 W. PEBBLE BEACH CT

Suite, Apt. #, Etc.:

City: LECANTO State: FL Zip Code: 34461

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: SEE ATTACHED Date: 4-18-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	City / State / Zip
PRES SCTY	VENTKATR ALUGUBELLI	3355 W. PEBBLE BCH	LECANTO FL 34461
VP TREAS	BHADRESH K PATEL	5368 N RED RIBBON PT	BEVERLY HILLS FL 34465

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: 4/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/30