

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  
TALLAHASSEE, FLORIDA

01 DEC 17 PM 2:13

DOCUMENT # P98000011760

1. Corporation Name

G & R SNYDER, INC.

Principal Place of Business

Mailing Address

~~1753-C N. POWERLINE RD~~  
POMPANO BEACH FL 33069

~~1753-C N. POWERLINE RD~~  
POMPANO BEACH FL 33069



REINSTATEMENT B d

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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1741 N. Powerline Rd.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0809987

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SNYDER, GARY R	1753-C N. POWERLINE RD	POMPANO BEACH FL 33069

600004744676--4  
-12/31/01--01049--001  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNYDER, GARY R

~~1753-C N. POWERLINE RD~~  
POMPANO BEACH FL 33069

Name

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

1741 N. Powerline Rd.

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Gary R. Snyder*  
REGISTERED AGENT MUST SIGN

Date

12-14-01

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.

Gary R. Snyder

SIGNATURE:

*Gary R. Snyder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/14/01