

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bf2

**CORPORATION**

FLORIDA DEPARTMENT OF STATE  
Hathorn Harris  
Secretary of State  
Tallahassee, Florida 32399-0001

**2000118**

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P98000023414**

1. Corporation Name

**JOANN SNYDER, PA**

000003493410--9

-12/11/00--01041--006

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

**2500 E LAS OLAS BLVD**

3. Mailing Office Address

**2500 E LAS OLAS BLVD**

Suite, Apt. #: etc.

**APT. 1406**

Suite, Apt. #: etc.

**APT. 1406**

City & State

**FT. LAUDERDALE, FL**

City & State

**FT. LAUDERDALE, FL**

Zip

**33301**

Country

Zip

**33301**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/12/98**

5. FEI Number

**05-0828883**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**JOANN SNYDER**

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

**2500 E. LAS OLAS BLVD.**

Suite, Apt. #, Etc.

**APT. 1406**

City

**FT. LAUDERDALE**

State

**FL**

Zip Code

**33301**

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

**Joann Snyder**

REGISTERED AGENT MUST SIGN

Date

**11-18-2000**

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
<b>D</b>	<b>JOANN SNYDER</b>	<b>2500 E LAS OLAS BLVD APT. 1406</b>	<b>FT. LAUDERDALE, FL 33301</b>

**KE**

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

**Joann Snyder**

Date

**11-18-2000**

Daytime Phone #

20f2

November 7, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: FEI # 65-0828883 JOANN SNYDER, PA

To whom It May Concern:

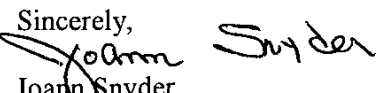
Recently, we received dissolution of corporation form from the Department of State saying that Joann Snyder, PA had been dissolved. Our office has never received any documentation regarding the renewal of this corporation, either in January, 2000 or the second notice a few months later as your office said we should have received.

I think the problem is that the address on the form is not correct. It should be 2500 E Las Olas # 1406 not PH7.

We are respectfully requesting that your office waive the reinstatement fee. Enclosed please find the reinstatement form along with a check in the amount of \$150.00 for the yearly registration fee.

Thank you for your consideration in this matter.

Sincerely,

  
Joann Snyder  
Registered Agent