

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 10 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **899000090811**

1. Corporation Name

SNIPES, INC.

2. Principal Office Address

261 JOHNS GLEN DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32259

Country

USA

3. Mailing Office Address

261 JOHNS GLEN DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32259

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3601774

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

ANTHONY T SNIPES

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

261 JOHNS GLEN DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32259

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

Anthony T Snipes

REGISTERED AGENT MUST SIGN

Date

8-8-05

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
P	ANTHONY T SNIPES	261 JOHNS GLEN DR	JACKSONVILLE, FL 32259
VP	SAMANTHA SNIPES	261 JOHNS GLEN DR	JACKSONVILLE, FL 32259

8/8/12

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08/10/05--01034--007 **300.75

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:

Samantha Snipes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-8-05

Daytime Phone #

904-287-4002