2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# P99000090811

Entity Name: SNIPES, INC.

Current Principal Place of Business:

2220 CR 210 W
#108-128
JACKSONVILLE, FL 32259

New Principal Place of Business:

1053 MAKARIOS DR
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

2220 CR 210 W
#108-128
JACKSONVILLE, FL 32259

New Mailing Address:

1053 MAKARIOS DR
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3601774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNIPES, ANTHONY T
2220 CR 210 W
#108-128
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

SNIPES, ANTHONY T
1053 MAKARIOS DR
SAINT AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANTHONY T SNIPES 10/14/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SNIPES, ANTHONY T
Address: 2220 CR 210 W #108-128
City-St-Zip: JACKSONVILLE, FL 32259

Title: V ( ) Delete
Name: SNIPES, SAMANTHA
Address: 2220 CR 210 W #108-128
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SNIPES, ANTHONY T
Address: 1053 MAKARIOS DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V (X) Change ( ) Addition
Name: SNIPES, SAMANTHA
Address: 1053 MAKARIOS DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMANTHA SNIPES V 10/14/2009
Electronic Signature of Signing Officer or Director Date