

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -8 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19211

1. Corporation Name

Snow Bonding Agency, Inc

300022821653
09/08/03--01023--015 **150.00

2. Principal Office Address

2911 W. 39th St.

Suite, Apt. #, etc.

600

City & State

Orlando, Fl.

Zip

32839

Country

Orange

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida -12/05/1990

5. FEI Number

59-304-1076

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

Michael L. Snow

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

1219 Oakley St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

[Signature]

Date 09/04/03

REGISTERED AGENT MUST SIGN

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	Michael L. Snow	2911 W. 39th St. Ste.600	Orlando/FL/32839

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]

Michael L. Snow

9-04-03

407-843-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25061 (10/02)

JK 9/1

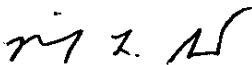
Snow Bonding Agency, Inc.
2911 W. 39th St., Suite 600
Orlando, Fl. 32839
407-843-0220
407-423-2533-Fax

Dear Sir or Madam:

I Michael L. Snow owner of Snow Bonding Agency hereby request the waiver of the reinstatement fee for the year 2003. To the best of my knowledge I did not receive my Corporation filing packet. I was going through chemo treatments from 1-03 to 7-03.

I'm enclosing a check for 150.00 dollars to covers the fee for 2003. Thank you for your cooperation in this matter.

Sincerely,



Michael L. Snow
President/Owner
9.4.03