PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19322

1. Corporation Name
SNOW BIRD DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
30 INLET HARBOR RD ~~UNIT 502~~ 106 PONCE INLET FL 32127	~~30 INLET HARBOR RD~~ ~~UNIT 502~~ ~~PONCE INLET FL 32127~~ 87 LAKE ST GRIMSBY ONT L3M2G6

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
30 INLET HARBOR RD	87 LAKE ST.
Suite, Apt. #, etc.: UNIT 106	Suite, Apt. #, etc.: GRIMSBY
City & State: PONCE INLET FLORIDA	City & State: ONTARIO
Zip: 32127 Country: U.S.A.	Zip: L3M2G6 Country: CAN

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1990

5. FEI Number: 98-0115252 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ZMENAK, CAROLE	87 LAKE ST	GRIMSBY ONTARIO
D	ZMENAK, EMIL	87 LAKE ST	GRIMSBY ONTARIO
D	ZMENAK, EMIL, JR.	87 LAKE ST	GRIMSBY ONTARIO
D	ZMENAK, DONNA L.	87 LAKE ST	GRIMSBY ONTARIO
D	ZMENAK, SUZANNE	87 LAKE ST	GRIMSBY ONTARIO

11-19-97

8. Name and Address of Current Registered Agent

PETERSON, SID C., JR.
418 CANAL ST
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

300002352858--4
-11/21/97--01004--012
****750.00 ****750.00

CR2E040 (8/97)

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 _____ REGISTERED AGENT MUST SIGN Date 11/17/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Carole Zmenak CAROLE ZMENAK NOV 14/97 905-945-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #