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 JAN 27 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

DOCUMENT # V 47343

1. Corporation Name
SNM Investments, Inc., a Florida corporation

Principal Place of Business / Mailing Address

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

DO NOT WRITE IN THIS SPACE

MWB 1-27-97

2. New Principal Office Address, If Applicable
14601 Palomino Dr.
Suite, Apt. #, etc.
City & State
Ft. Lauderdale, FL
Zip 33330 Country Broward

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: June 25, 1992

5. FEI Number: 65-0345257 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST D	Sheila Mead	14601 Palomino Dr.	Ft. Lauderdale, FL 33330
VP,D	Steven A. Hulce	316 S. 7th Street	Geneva, IL 60134
VP,D	Richard Schechter	8014 Riverside Dr.	Cabin John, MD 20818

8. Name and Address of Current Registered Agent

Sheila Mead
14601 Palomino Dr.
Ft. Lauderdale, FL 33330

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City FL Zip Code

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: Sheila Mead REGISTERED AGENT MUST SIGN Date: 1-23-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Sheila Mead, President/Director — 1/23/97 — (954) 434-6590
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #

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