PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 14 PM 3:12

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S31021

1. Corporation Name
Special Touch Inc
S 31021

900019840709
05/23/03--01043--005 **450.00

2. Principal Office Address	**3.** Mailing Office Address
7148 Congress St.	7148 Congress St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey Fl.	City & State: New Port Richey Fl.
Zip: 34653 Country:	Zip: 34653 Country:

4. Date Incorporated or Qualified To Do Business in Florida: March 1991

5. FEI Number: 59 3047240 ☐ 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: Tammy Disbro
Street Address (P.O. Box Number is Not Acceptable): 7334 Chinaberry Ct
Suite, Apt. #, Etc.:
City: Port Richey State: FL Zip Code: 34668

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: Tammy M Disbro Date: 4-15-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
owner president	Tammy Disbro	7334 Chinaberry Ct	Port Richey Fl. 34668
	CB		
	5/20		

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: Tammy M Disbro Tammy M. Disbro 4-15-03 7278430590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Whom this may concern, 4-15-03

I didn't realize you had been sending any mail to my old personal address. You can change my mailing address to my business location. I'm asking if you can waive the extra $60.00 added to my account. I didn't realize that I wasn't paying my corporation fees until I received a reinstatement letter from you. I've enclosed a check for $450.00 in past dues. Sorry for any inconvenience.

Thank you,

Tammy M Dibble

Special Touch Inc.

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305)541-0790
Fax Number : (305)541-4015

CORPORATION REINSTATEMENT

XTREME NURSING INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$908.75