
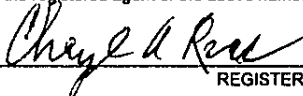
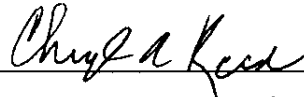


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: center; font-size: 1.2em;">09 SEP -9 AM 10:36</div> <div style="text-align: center; margin-top: 20px;">300160440983 09/09/09--01019--010 **416.25 CR2E041 (10/08)</div>	
DOCUMENT # L02000034145					
1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em;">HANDS UNLIMITED, LLC</div>					
2. Principal Office Address - No P.O. Box # 7912 79th Way Suite, Apt. #, etc.		3. Mailing Office Address 15130 Southern Palm Way Suite, Apt. #, etc.		4. State/Country of Formation Florida/USA	
City & State West Palm Beach		City & State Loxahatchee, FL		5. Date Organized or Qualified To Do Business in Florida 12/09/02	
Zip 33407	Country USA	Zip 33470	Country USA	6. FEI Number 42-1581815	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Cheryl Reed					
Street Address (P.O. Box Number is Not Acceptable) 15130 Southern Palm Way					
Suite, Apt. #, Etc.					
City Loxahatchee		State FL	Zip Code 33470		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent 				Date 09/03/09	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Laura Gadberry, CEO	7912 79th Way		West Palm Beach, FL 33407	
MGRM	Cheryl Reed, President	15130 Southern Palm Way		Loxahatchee, FL 33470	
REINSTATEMENT <u>2007-2009</u>					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager 		Date 9/3/09		Daytime Phone# 561-373-4939	
Typed or printed name of signing Managing Member/Manager Cheryl Reed					