

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 13 PM 1:03

DOCUMENT #

L 83423

1. Corporation Name

SPECIAL HANDLING INC

2. Principal Office Address

23205 C FOUNTAIN VIEW

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33488

Country

US

Zip

Country

200034376452
04/28/04--01014--006 **150.00

REINSTATEMENT 03-04

EP

4. Date Incorporated or Qualified
-- To Do Business in Florida

5. FEI Number

65-0209188

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

CARRIE FISHER

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

23205 C FOUNTAIN VIEW

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33488

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

X Carrie Fisher, LMT
REGISTERED AGENT MUST SIGN

Date

3/31/04

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.D	CARRIE FISHER	23205 C FOUNTAIN VIEW	BOCA RATON, FL 33488

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:

X Carrie Fisher LMT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARRIE FISHER, LMT

Date

3/31/04

Daytime Phone #

561-338-8877

CR2E081 (01/04)

MARCH 29, 2004

FLORIDA DEPARTMENT OF STATE

GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORMS FOR SPECIAL HANDLING, INC.. THE ORIGINAL FORMS WERE NEVER RECEIVED IN JANUARY. WE CHANGED ADDRESS OF THE CORPORATION AND DID NOT RECEIVE THE FORM. THE ADDRESS ON THE DISSOLUTION FORM WAS INCORRECT.

WE HAVE ENCLOSED A CHECK FOR \$ 150.00 FOR THE YEAR 2003 AND 2004. KINDLY ACCEPT THESE WITHOUT PENALTY UNDER THE CIRCUMSTANCES, DUE TO THE FACT THAT THE ANNUAL REPORTS WERE NEVER RECEIVED

THANK YOU FOR YOUR COOPERATION

YOURS TRULY,

Carrie Fisher, LMT