


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

182

DOCUMENT # M78056		
1. Entity Name THE HANDS-ON J.I.T. COMPANY		

FILED

04 NOV 12 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

Principal Place of Business 1443 DINGENS AVENUE P O BOX 26 GOTHA, FL 34734	Mailing Address 1443 DINGENS AVENUE P O BOX 26 GOTHA, FL 34734
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2. Principal Place of Business 1443 DINGENS AVE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 26 Suite, Apt. #, etc.
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City & State GOTHA, FL	City & State GOTHA, FLORIDA	4. FEI Number 59-2925975	Applied For Not Applicable
Zip 34734	Country USA	Zip 34734	Country USA



6. Name and Address of Current Registered Agent  HARRISON, JOHN B. 1443 DINGENS AVENUE GOTHA, FL 34734-7026		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten signature]* DATE *11/8/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>— FILE NOW!!! — FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00</p>	<p>500042699115 11/12/04--01068--003 **158.75</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, JOHN B. 1443 DINGENS AVE. GOTHA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, VICKIE G. 1443 DINGENS AVE. GOTHA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten signature]* DATE *11/8/04* DAYTIME PHONE # *407-331-9800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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11/08/05

ATTN: REINSTATEMENT DIVISION

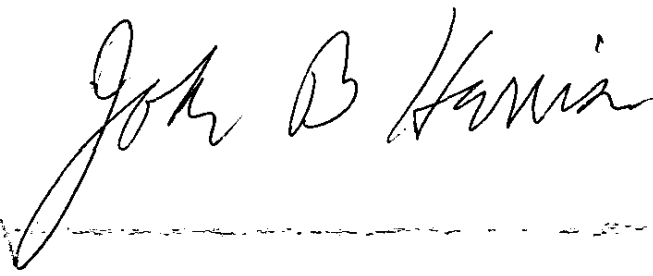
REF: THE HANDS-ON J.I.T COMPANY  
1443 DINGENS AVENUE  
GOTHA FL.34734

TO WHOM THIS MAY CONCERN,

I RECIEVED A LETTER DATED 11/03/04 ON FAILURE OF  
SUBMITTING A YEARLY REPORT DUED IN JANUARY NO LATER  
~~THEN MAY. I NEVER RECIEVD ANY PAPERWORK REQUESTING~~  
ANY INFORMATION JUST A LETTER OF DISSOLUTION. I SPOKE  
TO GARY IN THE REINSTATMENT DIVISION AND WAS TOLD TO  
SUBMITT A LETTER OF EXPLANATION ALONG WITH THE 150.00  
FEE AND PROPER PAPERWORK FOR THAT YEAR. ATTACHED IS  
THE CHECK OF 150.00 ALONG WITH CORRECT  
DOCUMENTATION.

THANK YOU,

JOHN B. HARRISON  
PRESIDENT

A handwritten signature in cursive script that reads "John B. Harrison". The signature is written in dark ink and is positioned below the typed name and title.