

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009328

1. Corporation Name

HANDS ACROSS TRELAWNY, INC.

2. Principal Office Address

803 WOODMEADE CT.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32828

Country

3. Mailing Office Address

2473 KALEY WALK

Suite, Apt. #, etc.

City & State

KENNESAW, GA

Zip

30152

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/2002

5. FEI Number

55-0837750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 NOV 29 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 - 2004

7. Name and Address of Current Registered Agent

Name

CHARLES RAMDATT

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

803 WOODMEADE CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32828

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

REGISTERED AGENT MUST SIGN

Date

11/22/04

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
D/P	CHARLES RAMDATT	803 WOODMEADE CT	ORLANDO, FL 32828
D/T	CHRIS EARLE	2473 KALEY WALK	KENNESAW, GA 30152
D/S	AUDREY EARLE	2473 KALEY WALK	KENNESAW, GA 30152

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS EARLE

Date

11/4/03

Daytime Phone #

770-241-9821

CR2E081 (01/04)

HANDS ACROSS TRELAWNY, INC.

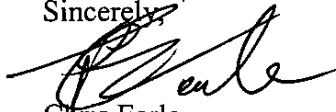
November 4, 2004

Florida Department of State
Secretary of State
Division of Corporations

To whom it may concern:

I would like to request that the reinstatement fee of \$175 be reversed due to the fact that we did not receive our 2003 annual report. As per your records, the annual report was sent back to your office. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Earle", written over the word "Sincerely,".

Chris Earle
Board of Director - Treasure