

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 10 AM 9:24

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000520

1. Corporation Name

Hands On Pensacola, Inc.

2. Principal Office Address - No P.O. Box #

213 E Yonge St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32503

Country

Ecuador

Zip

Country

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

73-1717215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LaDonna Spivey

Street Address (P.O. Box Numbers Not Acceptable)

213 E Yonge St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

LaDonna Spivey

REGISTERED AGENT MUST SIGN

Date 11/17/07

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	LaDonna Spivey	213 E Yonge St.	Pensacola, FL 32503
D	Darlene Maynard	213 E Yonge St.	Pensacola, FL 32503
D	Dean Van Guden	213 E Yonge St.	Pensacola, FL 32503
D	Robin Woods	213 E Yonge St.	Pensacola

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12/10/07-01024-009 **297.50

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 contained in Chapter 119, 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:

LaDonna Spivey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/07

Date

850-470-9465

Daytime Phone #

2012/19