

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 FEB 25 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 0900000 2651

1. Corporation Name

HANDS OF HEALING, INC

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

13233 INDIAN ROCKS RD

Suite, Apt. #, etc.

3. Mailing Office Address

13233 INDIAN ROCKS RD

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip Country

33774 USA

City & State

LARGO, FLORIDA

Zip Country

33774 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/16/2009

5. FEI Number

None

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  
RICHARD MURBACH

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

314 HARBORVIEW LANE

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33770

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

*Richard A. Murbach*  
REGISTERED AGENT MUST SIGN

Date 1/25/13

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
PRES.	CINDI THOMAS	218 HARBORVIEW LANE	LARGO, FLA 33770
V.P.	SCOTT MAGNESS	13853 MEARES DRIVE	LARGO, FLA 33774
SEC.	ANN WHITLOCK	949 41 <sup>ST</sup> AVENUE N.	ST. PETERSBURG, FLA 33708
MAL.	BILL KELSEY	9659 125 <sup>TH</sup> STREET	SEMINOLE FLA 33772
MAL.	NANCY DOWD	14178 87 <sup>TH</sup> AVE. N	SEMINOLE FLA 33776
EX-OFFICIO	BOB AARVIG	11768 CAMPHOR WAY	SEMINOLE FLA 33278

10. E-mail Address: MURBACHRS@HOTMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Cindi C. Thomas CINDI C. THOMAS

1/25/13 727 584-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #