PLEASE READ ALL INSTRUCTIONS BEFORE (ING THIS FO	RM.
	PPLICATION FOR ISTATEMEN	n	Jim Smitt Secretary of Svision of corpo	State		FILED	
DOCUMENT # N9800001823 1. Corporation Name SPEAKING HANDS, INCORPORATED					02 NOV - 1 AM 8: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MIAMI FL 33167 MIAMI FL 33			4TH AVENUE 2167				
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail 2561 56 WE Suite, Apt. #, etc.			ing Office Address, If Applicable		Date Incorp To Do Busi To FEI Numbe	porated or Qualified ness in Florida	03/30/1998 Applied For
City & State City & Country Country Country Country Cip Country Cip Country Cip Country Cip City & City			Country 6. CERTIFICA		65-0570357 E OF STATUS DESIRED	Not Applicable	
Title(s)	and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors		rida nonprofit corporations must list at leas Street Address of Each Officer and/or Director		city / State / Zip		
P T	BARRETT, CLAUDETTE FLINTROY, ROBERT		18990 NW 14TH AVENUE 2561 56 ave N 13990 NW 14TH AVENUE 2561 56 ave N		. (c	MIAMIFL 33167 Noples MIAMIFL 33167 Naples	fi-34120
T T	DODD, ANDRE	1644 40TH ST			WEST PALM BEACH FL 33407		
	DODD, JON CARLO 8. Name and Address of Current Re	egistered Agen	1644 40TH ST		11/01/	WEST PALM BEAC	3885 3 **61.25
BARRETT, CLAUDETTE				9. Name and Address of New Registered Agent Name Street Address (B.O. Box Number in Net Agent and December 1)			

13990 NW 14TH AVENUE **MIAMI FL 33167**

State

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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 filling 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

Date

"Speaking Hands"

P.O. Box 680276 * Miami, Florida 33168 305.681.3108 Office * 239.455.2943 fax * E-mail: <u>speakhands@aol.com</u>

October 28, 2002

To Whom It May Concern, at Florida Department of State;

I received a notice of dissolution of my company, Speaking Hands, and feel that there is a mistake. Saturday, October 26th is the first time I have had any communication from your organization and even the notification I received had been sent to the wrong address.

Enclosed please find a copy of the dissolution certificate and the mailing address it was sent to. Also a cheque for \$61.00 and the application.

Our physical location is 2561 56th Avenue NE Naples, Florida 34120.

Respectfully,

Claudette/Barrett Founder/Director