

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000070386

Entity Name: KARIN HANDS INC.

FILED
Oct 03, 2008
Secretary of State

Current Principal Place of Business:

4606 NW 98TH LANE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

P O BOX 8681
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-1031318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINCLAIR, FITZ E
4606 NW 98TH LANE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: FITZ E. SINCLAIR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SINCLAIR, KAREN C
Address: 4606 NW 98TH LANE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: SINCLAIR, FITZ E
Address: 4606 NW 98TH LANE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FITZ E. SINCLAIR

CEO

10/03/2008

Electronic Signature of Signing Officer or Director

Date