

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 17 PM 12:50

DOCUMENT # P00000102002

1. Corporation Name

HANGING BY A THREAD, INC.

REINSTATEMENT 03

2. Principal Office Address

13593 57<sup>th</sup> PLACE S.

Suite, Apt. #, etc.

3. Mailing Office Address

13593 57<sup>th</sup> PLACE S.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

Zip

33467

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1049871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

10/14/03 01018 014 \$150.00

7. Name and Address of Current Registered Agent

Name

TANYA GALVAN

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

13593 57<sup>th</sup> PL S.

Suite, Apt. #, Etc.

City

lake worth

State  
FL

Zip Code

33467

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

Tanya Galvan

REGISTERED AGENT MUST SIGN

Date 10.18.03

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
P	GALVAN TANYA	13593, 57 <sup>th</sup> PLACE S.	LAKE WORTH, FL, 33467
VP	GALVAN MICHAEL	13593, 57 <sup>th</sup> PLACE S,	LAKEWORTH, FL, 33467

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:

Michael Galvan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

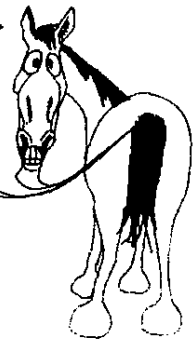
10.18.03 561 790-7130

Daytime Phone #

CR2E001 (10/02)

Hanging By  
A Thread

Embroidery &  
Digitizing



T. J. Galvan

To whom it May Concern,

I recieved  
my filing papers back because I forgot to  
sign them, but when I recieved them,  
they were soaking wet & falling apart,  
so I downloaded another form from  
your website, I hope this is all in  
order now.

Sincerely Tanya Galvan

Hope this is all correct now.

TJGalvan