

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 23 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031796

1. Corporation Name

HAND TO HAND THERAPY, INC.

Principal Place of Business

126 FIRST TERRACE
PALM BEACH GARDENS FL 33418

Mailing Address

126 FIRST TERRACE
PALM BEACH GARDENS FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

45-1093470

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	UMAN, JENNIFER	126 FIRST TERRACE	PALM BEACH GARDENS FL 33418
D	UMAN, JENNIFER	126 FIRST TERRACE	PALM BEACH GARDENS FL 33418

700010678947
01/23/03--01098--003 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UMAN, JENNIFER
126 FIRST TERRACE
PALM BEACH GARDENS FL 33418

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/17/03

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03 561 627-5016

CR2E040 (8/02)



HAND TO HAND THERAPY, INC.
126 FIRST TERRACE
PALM BEACH GARDENS, FL 33418
PH/FAX 561-627-5016

January 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

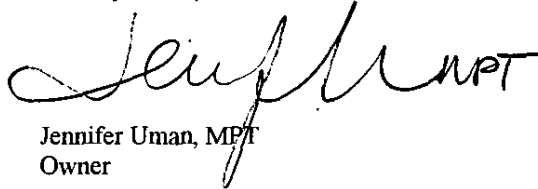
Ref: Doc # P01000031796

Corporation Name: Hand to Hand Therapy, Inc.

I have received a Notice of Administrative Dissolution for failure to file an Annual Report for 2002. This is the first notice I have received regarding this topic. My corporation is a new small business and I was not aware of the filing requirement.

Enclosed is a check for \$300.00 to cover Annual Report and Corporate Supplement Fees for 2002 and 2003. I kindly request that the Reinstatement Fee be waived in this case and that Hand to Hand Therapy, Inc. be reinstated to active status.

Thank you for your consideration.



Jennifer Uman, MPT
Owner