

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000047430

1. Corporation Name

THERAPEUTIC HANDS PLUS, INC.

Principal Place of Business

2168 NW 193RD AVE.
PEMBROKE PINES FL 33029

Mailing Address

2168 NW 193RD AVE.
PEMBROKE PINES FL 33029

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2001

5. FEI Number

Applied For

Not Applicable

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
PSD	PEREZ, OSVALDO N	2168 NW 193RD AVE.	PEMBROKE PINES FL 33029

000009745760
12/30/02--01093--004 **150.00

8. Name and Address of Current Registered Agent

PEREZ, OSVALDO N
2168 NW 193RD AVE.
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

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

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 #

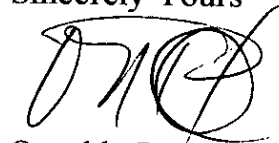
CR2E040 (8/02)

From: Osvaldo Perez
To: The Florida Department of State

Dear Department of State,

I have never received any notice of a annual reports/uniform business reports by the Florida Department of State and had no knowledge that such a report had to be filed annually. This was not based on lack of responsibility on my part, instead, it is based on lack of experience due to the fact that I was unaware of such-a report on-an annual-basis. I've only had my corporation since 05/11/2001, If I would have known about the importance and seriousness of this document, I would have taken the necessary action to do what was expected of me. I would like the Department to consider my appeal in reinstatement of my corporation and accept my most humble apology. Now that I am more experienced, from now on I will be more at tentative to this matter in the future.

Sincerely Yours

A handwritten signature in black ink, appearing to be 'Osvaldo Perez', written over a horizontal line.

Osvaldo Perez