

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV 25 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048861

1. Corporation Name

BLESSED HANDS, INC.

Principal Place of Business

2163 NW 68TH TERRACE
MIAMI FL 33147

Mailing Address

2163 NW 68TH TERRACE
MIAMI FL 33147



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

2. New Principal Office Address, If Applicable

15012 S.W. 139th

Suite, Apt. #, etc.

City & State

Miami Fla.

Zip 33186

Country

DADE

3. New Mailing Office Address, If Applicable

15012 S.W. 139th

Suite, Apt. #, etc.

City & State

Miami Fla.

Zip 33186

Country

DADE

4. Date Incorporated or Qualified To Do Business in Florida

05/10/2001

5. FEI Number

65-1118210

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEOD	BAILEY, VELMA MS.	2163 NW 68TH TERRACE	MIAMI FL 33147
P	BAILEY, VELMA MS.	2163 NW 68TH TERRACE	MIAMI FL 33147
V	JONES, SHARON MS.	2163 NW 68TH TERRACE	MIAMI FL 33147
ST	SMITH, OCTAVIA MS.	2163 NW 68TH TERRACE	MIAMI FL 33147

300008878823
11/07/02--01089--003 **150.00

8. Name and Address of Current Registered Agent

BAILEY, VELMA MS.
2163 NW 68TH TERRACE
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

Velma Bailey

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

15012 S.W. 139th

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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 10/31/2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/2002 305 2532788

CR2E040 (8/02)

pg 20F2

To Whom it May Concern:

My Name is Yelha Bailey, I received a application for Reinstatement, so I called in today 10/31/2002 for information concerning the letter, and I found out you'll sent me letters that I never received so I'm asking you'll to please take it into consideration and waive the fee of reinstatement, on the count that I didn't receive either of the letters that was sent. I can be reached at (305)253 2788 or (305)607 7755.

Sincerely Yours
Ms. Yelha Bailey