

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000072232

1. Corporation Name

GOLDEN HAND HOME CARE SERVICES, INC.

FILED  
08 SEP 23 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box # 3119 PHOENIX AVE Suite, Apt. #, etc.		3. Mailing Office Address 3119 PHOENIX AVE Suite, Apt. #, etc.	
City & State OLDSMAR FL		City & State OLDSMAR FL	
Zip 34677	Country USA	Zip 34677	Country USA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 07/19/2001	
5. FEI Number 59-3741704	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name VANESSA SMITH			
Street Address (P.O. Box Number is Not Acceptable) 3119 PHOENIX AVE			
Suite, Apt. #, Etc.			
City OLDSMAR	State FL	Zip Code 34677	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Vanessa Smith*

REGISTERED AGENT MUST SIGN

Date 9/16/08

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
PD	VANESSA SMITH	3119 PHOENIX AVE	OLDSMAR FL 34677
VP	SHERWIN SMITH	3119 PHOENIX AVE	OLDSMAR FL 34677

200136584122  
10/03/08--01003--016 \*\*450.00

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 contained in Chapter 119, 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:

*Vanessa Smith* VANESSA SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-  
9/16/08 6782916  
Date Daytime Phone #

m 9/23