

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoop
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000114818

1. Corporation Name

PERSONAL TOUCHES, INC.

Principal Place of Business

Mailing Address

25086 PINEWATER COVE LANE
BONITA SPRINGS FL 34134

25086 PINEWATER COVE LANE
BONITA SPRINGS FL 34134



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

10/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3877272

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GEHRISCH, CYNTHIA R	25086 PINEWATER COVE LANE	BONITA SPRINGS FL 34134
			600023964596 10/21/03--01038--011 **150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEHRISCH, CYNTHIA R
25086 PINEWATER COVE LANE
BONITA SPRINGS FL 34134

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

Cynthia R Gehrisch
REGISTERED AGENT MUST SIGN

Date 10-15-03

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:

Cynthia R Gehrisch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

239-
992-5146
Daytime Phone #

CR2E040 (7/03)

2012

Personal Touches, Inc.
25086 Pinewater Cove Lane
Bonita Springs, FL. 34134

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

October 15, 2003

Dear Sirs,

In regard to the notice of administrative dissolution or revocation. This is the first notice we have had for the corporate renewal for Personal Touches, Inc. We did not receive the renewal notice or the reminder notice as stated in this packet. This is the first year for the renewal of this corporation and we were unaware, until the receipt of this packet. We have enclosed a check of \$150.00 for the original amount. We ask that you reinstate this corporation and remove the penalties for this filing.

Sincerely Yours,

Cynthia R. Gehrisch

Cynthia R. Gehrisch

Linda L. Ritzert

Linda L. Ritzert