

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000031917

1. Corporation Name

HANDICRAFT INTERNATIONAL, INC.

2. Principal Office Address

5920 SW 151 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33193

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

06-07 SR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/03

5. FEI Number

20-8339800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

NATACHA ARZOLA

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

5920 SW 151 CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

*Natasha Arzola*

REGISTERED AGENT MUST SIGN

Date

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
P	NATACHA ARZOLA	5920 SW 151 CT.	MIAMI, FL. 33193

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

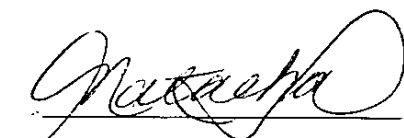
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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ 300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2006 thru 2007 or any other notice from the Division of Corporations in respect with the Corporation **HANDICRAFT INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.

  
NATACHA ARZOLA  
President