

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000107916

1. Entity Name  
HAND-IN-HAND MARRIAGE AND INTRODUCTIONS, INC.



FILED

07 APR 11 PM 4:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5440 NORTH SR 7 STE 208  
FT LAUDERDALE, FL 33319

Mailing Address  
5440 NORTH SR 7 STE 208  
FT LAUDERDALE, FL 33319

2. Principal Place of Business - No P.O. Box #

3201 Griffin Rd

3. Mailing Address

Same as previous

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fla

City & State

Zip

33312

Country

U.S.A.

Zip

Country



REINSTATEMENT 06-07

4. FEI Number  
20-0293416

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL J CHAIET CPA  
5440 NORTH SR 7 STE 208  
FT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

Name Paul J. Chalet CPA

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

3201 Griffin Rd.

Suite #204

City

Ft. Lauderdale,

FL

Zip Code

33312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Paul Chalet

April 5, 2007

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME WEINER, GAYZEN  
STREET ADDRESS 5440 NORTH SR 7 STE 208  
CITY-ST-ZIP FT LAUDERDALE, FL 33312

☐ Delete

TITLE  
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

April 5, 2007