2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2004
Secretary of State

DOCUMENT# P03000129494

Entity Name: HANDS & FEET UNLIMITED, INC.

Current Principal Place of Business:

11790 PINEWOOD LAKES DR
FT MYERS, FL 33913

New Principal Place of Business:

P O BOX 1976
LEHIGH ACRES, FL 33970

Current Mailing Address:

11790 PINEWOOD LAKES DR
FT MYERS, FL 33913

New Mailing Address:

P O BOX
LEHIGH ACRES, FL 33970

FEI Number: 86-1087264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASTINGS, DAVID
11790 PINEWOOD LAKES DR
FT MYERS, FL 33913 US

Name and Address of New Registered Agent:

HASTINGS, ELAINE
P O BOX 1976
LEHIGH ACREA, FL 33970 US

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.

SIGNATURE: DAVID S. HASTINGS 10/06/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HASTINGS, ELAINE
Address: 11790 PINEWOOD LAKES DR
City-St-Zip: FT MYERS, FL 33913

Title: VTSD (X) Delete
Name: HASTINGS, DAVID
Address: 11790 PINEWOOD LAKES DR
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HASTINGS, ELAINE
Address: P O BOX 1976
City-St-Zip: LEHIGH ACREA, FL 33970

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE L HASTINGS PRES 10/06/2004
Electronic Signature of Signing Officer or Director Date