



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000000673 1. Entity Name HEALING HANDS OF BREVARD COUNTY, INC.						05 MAY -9 AM 8:23 RECORDED & INDEXED FLORIDA	
Principal Place of Business 5000 OCEAN BEACH BLVD APT D2 COCOA BEACH, FL 32931				Mailing Address 5000 OCEAN BEACH BLVD APT D2 COCOA BEACH, FL 32931			
2. Principal Place of Business <i>P.O. Box 13</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 13</i> Suite, Apt. #, etc.		 REINSTATEMENT (6/04) <i>24-05</i>			
City & State <i>Titusville FL</i>		City & State <i>Titusville FL</i>		4. FEI Number <i>20-0630106</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32781</i>		Country <i>Brevard</i>		Zip <i>32781</i>		Country <i>Brevard</i>	
6. Name and Address of Current Registered Agent PEARCE, KIMBERLY A 5000 OCEAN BEACH BLVD APT D2 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name <i>Kimberly A. Pearce</i> Street Address (P.O. Box Number is Not Acceptable) <i>300 S. Sykes Creek Pkwy</i> <i>#201-C</i> City <i>Merritt Island</i> FL Zip Code <i>32952</i>			
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 <i>Kimberly A. Pearce</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>April 15 2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEARCE, KIMBERLY A 5000 OCEAN BEACH BLVD APT D2 COCOA BEACH, FL 32931			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Kimberly A. Pearce 300 S. Sykes Creek Pkwy. #201-C Merritt Island, FL 32952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054744302 05/18/05--01055--002 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054744302 05/18/05--01055--003 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.							
SIGNATURE: <i>Kimberly A. Pearce</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>April 15 2005</i> <small>Daytime Phone #</small>			