

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000134426

Entity Name: ON HANDS THERAPY INC.

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

8001 SW 14 TER  
MIAMI, FL 33144

**New Principal Place of Business:**

13900 SW 8 TER  
MIAMI, FL 33184

**Current Mailing Address:**

8001 SW 14 TER  
MIAMI, FL 33144

**New Mailing Address:**

13900 SW 8 TER  
MIAMI, FL 33184

FEI Number: 20-1688603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEYMI, LIMA  
8001 SW 14 TER  
MIAMI,, FL 33144 US

**Name and Address of New Registered Agent:**

LEYMI, LIMA  
13900 SW 8 TER  
MIAMI,, FL 33184 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: LEYMI LIMA

10/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIMA, LEYMI  
Address: 8001 SW 14 TER  
City-St-Zip: MIAMI,, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LIMA, LEYMI  
Address: 13900 SW 8 TER  
City-St-Zip: MIAMI,, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LEYMI LIMA

P

10/17/2006

Electronic Signature of Signing Officer or Director

Date