


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000060088</b> 1. Entity Name <b>SANTOS HANDS, INC.</b>						<b>FILED</b> <b>07 MAR 16 AM 10:33</b> TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1035 WEST MARTIN STREET</b> <b>ATTN: OSCAR SANTOS</b> <b>DELAND, FL 32720</b>				Mailing Address <b>1035 WEST MARTIN STREET</b> <b>ATTN: OSCAR SANTOS</b> <b>DELAND, FL 32720</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>SANTOS, OSCAR</b> <b>1035 WEST MARTIN STREET</b> <b>DELAND, FL 32720</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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: <u>Oscar E. Santos</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SANTOS, OSCAR</b> <b>1035 WEST MARTIN STREET</b> <b>DELAND, FL 32720</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 2em; font-family: cursive;">m3/20</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MENDOZA, JOAN A</b> <b>1035 WEST MARTIN STREET</b> <b>DELAND, FL 32720</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>VICTORIANO, ARTURO</b> <b>1035 WEST MARTIN STREET</b> <b>DELAND, FL 32720</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>400095149324</b>  <b>03/28/07--01021--020</b>    <b>**\$300.00</b> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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 all other like empowered.							
<b>SIGNATURE: <u>Joan A. Mendoza Oscar E. Santos</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							