2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060088 1. Entity Name SANTOS HANDS, INC.							FILED 07 MAR 16 AM 10: 33			
Principal Place 1035 WEST I ATTN: OSCAR DELAND, FL	MARTIN STR R SANTOS		Mailing Address 1035 WEST MARTIN STREET ATTN: OSCAR SANTOS DELAND, FL 32720			TALITATION OF STATE OF STATE OF STATE				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				STATEM			
City & State			City & State			4. FEI Numbe	00603	⊢	lot Applicable	
Zip	Country		Zip Coun		itry		5. Certificate	of Status Desired	S8.75 Ac Fee Requir	
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent Name						
SANTOS, (1035 WES DELAND, I	T MARTII		-		Street Address (P.O. Box Number is Not Acceptable)					
					City				FL Zip Co	de
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.										
SIGNATUREX DECAY E Santas										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										, F.S., the notice.
10.	Р	OFFICERS AND I		11.	· · ·		ADDITIONS/	CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS	SANTOS,	OSCAR ST MARTIN STREET	☐ Delete	TITL NAM STO		1	ا م		☐ Change	☐ Addition -
CITY-ST-ZIP	DELAND,	FL 32720			-ST-ZIP	_/t	113/20)		
TITLE NAME	VP I MENDOZ	A. JOAN A	Delete	TITL:		Ψ			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		ST MARTIN STREET , FL 32720			EET ADDRESS -ST-ZIP	,				
TITLE	S	ANO ARTURO	Delete	TITLI		·			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VICTORIANO, ARTURO 1035 WEST MARTIN STREET DELAND, FL 32720				EET ADDRESS					
TITLE			☐ Delete	TITU				~~~	☐ Change	Addition
NAME STREET ADDRESS					EET ADDRESS		03/20	000951 8/0701021-	49324 020 **30	0.00
CITY-ST-ZIP TITLE			Delete	CITY	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	· · · · · <u> </u>	
NAME			L. Delete	NAM	iE				☐ Change	Addition
STREET ADDRESS City-St-Zip					EET AODRESS -ST-ZIP					
TITLE NAME			☐ Delete	TITU					☐ Change	☐ Addition
STREET ADDRESS	NAME STREE									
12. I hereby o	ertify that the	e information supplied with	this filing does not qualify fo	r the exe	-ST-ZIP emptions co	ntained	in Chapter 119	, Florida Statutes, I fu	irther 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: X SOCIAL MEASON OSCAY E. SANTOS SIGNATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR Date Dayline Phone #										