

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUN -5 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$900.00

03/13/02 90044 035



01-02

DOCUMENT # **P93000048770**

1. Corporation Name

**TALKING HANDS, INC.**

Principal Place of Business

7881 DANIEL ST  
CAMP DENNISON OH 45111  
US

Mailing Address

7881 DANIEL ST  
CAMP DENNISON OH 45111  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1993

5. FEI Number

59-3195886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HANSEN, W	7881 DANIEL ST	CAMP DENNISON OH 45111
DS	HANSEN, A	7881 DANIEL ST	CAMP DENNISON OH 45111
DV	SKAIRUS, PATRICIA E	735 17TH ST APT B	BOULDER CO 80302
VP	KITTREDGE, WILLIAM G	8610 BANE BERRY CT	TAMPA FL 33647
		18235 CLEAR LAKE DR	LUTZ, FL 33458

8. Name and Address of Current Registered Agent

KITTREDGE, WILLIAM G  
8610 BANE BERRY CT  
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

18235 CLEAR LAKE DR.

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33458

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date **5-3-02**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM G. K. HANSEN**

**4/25/02 (513) 576-0914**

Date

Daytime Phone #

CR2E040 (8/01)