

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN -3 AM 11:45

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #p95000067811

TREASURED HANDS, INC.
5219 AVENIDA NAVARRA
SARASOTA, FLORIDA 34242

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address**Zip Code**

3. Date Incorporated or Qualified To Do Business in Florida

SEPTEMBER 1, 1995

4. FEI Number

65-0604640

FBI Number Applied For

FBI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PRES	BEVERLY W. BOOTY	5219 AVENIDA NAVARRA SARASOTA, FL 34242	SARASOTA, FL 34242
			300002051933--3 -01/09/97--01019--013 ****375.00 ****375.00
			08-10-97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

BEVERLY W. BOOTY
5219 AVENIDA NEVARRA
SARASOTA, FL 34242

8. Name and Address of New Registered Agent and/or Office

Name _____

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

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9. 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

REGISTERED AGENT MUST SIGN

Date 12-31-96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of _____
Officer or Director

Date _____

Daytime Phone #

Typed or printed name of signing officer or director