PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 AUG -2 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/08/02--01021--025
****750.00 ****750.00

DOCUMENT # P95000067811

1. Corporation Name
TREASURED HANDS, INC.

2. Principal Office Address
5219 AVENIDA NAVARRA
SARASOTA, FL 34242

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State

Zip
34242

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 8-29-95

5. FEI Number
65-0604640
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BEVERLY W. BOOTY

Street Address (P.O. Box Number is Not Acceptable)
2324 BRADFORD ST.

Suite, Apt. #, Etc.

City
SARASOTA, FLORIDA

State
FL

Zip Code
34231

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent X [signature] Date X 7-30-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	BEVERLY W. BOOTY	2324 BRADFORD ST.	SARASOTA, FL 34231

10. 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: X [signature] X 7-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 8/6/02

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CERTIFIED NEUROMUSCULAR THERAPIST

5219 Avenida Navarra
Siesta Key Village
Sarasota, Fl 34242
925-8502

349-6008
349-0334

Beverly Booty, LMT
LMT, MA #0010524