

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000067811			
1. Corporation Name TREASURED HANDS, INC.			
2. Principal Office Address 5219 AVENIDA NAVARRA SARASOTA, FL 34242		3. Mailing Office Address SAME	
Subs. Apt. #, etc. 		Subs. Apt. #, etc. 	
City & State SARASOTA FL		City & State 	
Zip 34242	Country USA	Zip 	Country

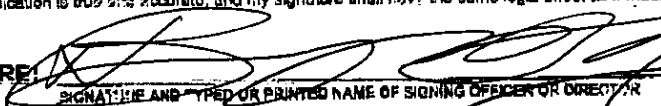
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
 500006972065--9
 -08/08/02--01021--025
 *****750.00 *****750.00

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 ☐ \$9.75 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.	
Subs. Apt. #, Etc. 	
City SARASOTA	State FL
Zip 34231	Zip 34231

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent 		Date 7-30-02	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all officers & directors)			
Title	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 or 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 118.07(3)(f), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE 		Date 7-30-02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

7/8/02



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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