

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

①

DOCUMENT # P97000063137

1. Corporation Name

HANDS MAKE LIGHT, INC.

98  
AIR

Principal Place of Business

Mailing Address

17890 SOUTHWEST 272 STREET  
HOMESTEAD FL 33031

17890 SOUTHWEST 272 STREET  
HOMESTEAD FL 33031



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

19325 SW 190 ST

19325 SW 190 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33187-1906 Country USA

Zip 33187-1906 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

07/22/1997

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	ROCHE, SANDIE L	17890 SOUTHWEST 272 STREET	HOMESTEAD FL 33031
			800002703808--4
			-12/04/98--01107--004
			****150.00 ****150.00
			SL
			12-1-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

SANDIE ROCHE

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

19325 SW 190 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187-1906

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

REGISTERED AGENT MUST SIGN

Date 11-19-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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., 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.

SANDIE ROCHE

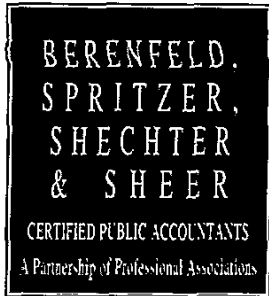
SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-98  
Date

305 378-1076  
Daytime Phone #

CR2E040 (8/89)



November 20, 1998

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Hands Make Light, Inc.  
I.D. No.: 65-0774403

To Whom it May Concern:

The abovereferenced taxpayer is hereby requesting a wavier of the reinstatement fee due to reasonable cause. The taxpayer had moved several months after incorporating and did not receive either the first or the second Corporate Report. We contacted your offices and were informed that the report may have went to Amerilawyer, the Registered Agent. The taxpayer contacted Amerilawyer and was informed that they had not and do not receive any reports on behalf of the clients they incorporate.

Enclosed herewith is a check in the amount of \$150.00 representing the original fee due with the Corporate Return. Please accept this and reinstate the corporation.

Thank you for your consideration in this matter.

Very truly yours,



PHILIP J. SHECHTER, C.P.A.

PJS/vlr

Enclosures