

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE
FOR **UBR**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037874

1. Corporation Name

HANDS ON WELLNESS, INC.

Principal Place of Business

11734 N DALE MABRY HWY SF
TAMPA FL 33618

Mailing Address

21420 KEATING WAY
LUTZ FL 33549

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

04/24/1998

5. FEI Number

22-3588858

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIRACUSA, JOSEPH F	21420 KEATING WAY	LUTZ FL 33549

200008715492
10/31/02--01011--005 **150.00

8. Name and Address of Current Registered Agent

SIRACUSA, JOSEPH F
21420 KEATING WAY
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CP2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-27-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH F SIRACUSA

Date

Daytime Phone #

10/27/02 813-269-0808

232



HANDS ON WELLNESS
DAY SPA

October 23, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To whom it may concern,

I called today the Florida Department of State to find out about reinstatement. I spoke with a very nice young lady who asked me if I received any prior notices. I told her I did not receive notice number one or did I receive notice number two. She informed me to attach a letter to this effect and send \$150.00 to the state.

Sincerely,

Joseph F. Siracusa
Joseph F. Siracusa