

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION
REINSTATEMENT



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

FILED

00 AUG 30 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066000

1. Corporation Name

OUT OF HAND INC.

2. Principal Office Address

9229 Foremast Ave.

Suite, Apt. #, etc.

Unit #4822

City & State

Port Richey FL

Zip

34668

Country

USCO

3. Mailing Office Address

9229 Foremast Ave.

Suite, Apt. #, etc.

Unit #4822

City & State

Port Richey FL

Zip

34668

Country

USCO

4. Date Incorporated or Qualified
To Do Business in Florida

7-27-98

5. FEI Number

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

Jefferson Kirk

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

9229 Foremast Ave Unit

Suite, Apt. #, Etc.

Unit #4822

City

Port Richey

State

FL

Zip Code

34668

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jefferson Kirk
REGISTERED AGENT MUST SIGN

Date 8-10-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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 |
|---------|--------------------------------------|---|----------------------|
| P.S.T.D | Jefferson Kirk | 9229 Foremast Ave. Unit #4822 | Port Richey FL 34668 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-00 (727) 843-8133

Date

Daytime Phone #

CR2E081 (9/99)

202

Out of Hand Inc.

9229 Foremast Avenue #4822

Port Richey FL 34668

Office# (813) 843-8133 Fax# (813) 815-9300 E-mail jjjjj@gte.net

8-11-00

To Whom It May Concern:

I am requesting that you wave the penalties for not filing our annual reports, due to the fact that we never received them. Enclosed is a check for \$308.75 for the last two years filing and a Certificate of Status.

Thank you,



Jefferson Kirk