

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -5 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004672

1. Corporation Name

Hosanna Helping Hand, Inc.

2. Principal Office Address - No P.O. Box #

4671 South Main Street

3. Mailing Office Address

3706 Devon Park LN NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Acworth, GA

City & State

Kennesaw, GA

Zip

30101

Country

USA

Zip

30144

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/14/2000

5. FEI Number
65-1008837

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

Steve Saintus

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

5150 Island Club Drive

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33319

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 01/28/09

REGISTERED AGENT MUST SIGN

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
PD	Steve Saintus	5150 Island Club Drive	Tamarac, FL 33319
D	Gabrielle Alexis	4715 NW 58th Avenue	Coral Springs, FL 33067
D	Camelo Maddy	7085 NW 173rd Drive #403	Miami, FL 33015
D	Esther A. Saintus	3706 Devon Park LN NW	Kennesaw, GA 30144
D	Cindy Leandre	4852 SW 159th Avenue	Miramar, FL 33027
			300142932673 02/05/09--01039--023 **315.00

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 contained in Chapter 119, 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

2-2-2009

Date

Daytime Phone #