

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000006011

FILED
Sep 30, 2008
Secretary of State

Entity Name: HELPING HANDS FOUNDATION OF HAVANA, INC.

Current Principal Place of Business:

186 CHINA BERRY LN
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

186 CHINA BERRY LN
HAVANA, FL 32333

New Mailing Address:

FEI Number: 31-1468161 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PLATT, EARNESTINE
186 CHINA BERRY LANE
HAVANA, FL 32333 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EARNESTINE PLATT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLATT, E
Address: ROUTE 2, BOX 555
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: THOMPSON, J
Address: ROUTE 2, BOX 555
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: JACKSON, H
Address: ROUTE 2, BOX 555
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PLATT, E
Address: 236 CHINA BERRY LN
City-St-Zip: HAVANA, FL 32333

Title: D (X) Change () Addition
Name: THOMPSON, J
Address: 236 CHINA BERRY LN
City-St-Zip: HAVANA, FL 32333

Title: D (X) Change () Addition
Name: JACKSON, H
Address: 236 CHINA BERRY LN
City-St-Zip: HAVANA, FL 32333

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARNESTINE PLATT

D

09/30/2008

Electronic Signature of Signing Officer or Director

Date