

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 11 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100009485461
12/12/02--01034--001 **236.25

REINSTATEMENT 02

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

DOCUMENT # N01000006826
1. Corporation Name
HANDS THAT HELP, INC.

2. Principal Office Address 4980 NW 32ND AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 4980 NW 32ND AVENUE Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33142	Country USA	Zip 33142	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/24/01	
5. FEI Number 04-3587871	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
LINDA J MASON

Street Address (P.O. Box Number is Not Acceptable)
40 N OSPREY AVENUE

Suite, Apt. #, Etc.
D

City
SARASOTA

State
FL

Zip Code
34236

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 Linda J Mason Date 12/09/02

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
P/T/D	ISAAH DANIELS	4980 NW 32ND AVE	MIAMI, FL 33142
VP/D	TONYA KEMP-DANIELS	4980 NW 32NS AVE	MIAMI, FL 33142
S/D	BRENDA FUENTES	3855 CAREFREE CIR S	COLORADO SPRINGS, CO 809
D	JOHN NALLS	3633 SW 14THS T	FT LAUDERDALE, FL 33312
D	CURTIS JACKSON	2000 SW 97TH LN	FT LAUDERDALE, FL 33324

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)(j), 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: Linda J. Mason PRESIDENT Date 12/06/02 305-638-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)