

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS



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FILED

03 NOV 10 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006826**

1. Corporation Name  
**HANDS THAT HELP, INC.**

Principal Place of Business Mailing Address

4980 N.W. 32ND AVENUE  
MIAMI FL 33142

4980 N.W. 32ND AVENUE  
MIAMI FL 33142



**REINSTATEMENT** 03

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  
**09/24/2001**

5. FEI Number  
**04-3587871**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	DANIELS, ISAAC G	4980 N.W. 32ND AVENUE	MIAMI FL 33142
VD	KEMP-DANIELS, TONYA	4980 N.W. 32ND AVENUE	MIAMI FL 33142
SD	FUENTES, BRENDA	3855 CAREFREE CIR S	COLORADO SPRINGS CO
D	NALLS, JOHN	3633 SW 14TH STREET	FT LAUDERDALE FL 33312
D	JACKSON, CURTIS	2000 SW 97TH LN	FT LAUDERDALE FL 33324

8. Name and Address of Current Registered Agent

MASON, LINDA J  
40 N OSPREY AVENUE  
SARASOTA FL 34236

*ISAAC DANIELS  
4980 N.W. 32 Ave  
Miami, FL 33142*

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code

**400023961704**  
**10/21/03--01028--002 \*\*175.00**  
**FL**

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]* Date **11/6/03**  
REGISTERED AGENT MUST SIGN

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]* Date **10/14/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)

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The former registered agent is unavailable to sign this document therefore  
I am the registered agent .

Isaah G. Daniels  
4980 N.W. 32 Ave.  
Miami, FL.33142

