

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 25 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712404

1. Corporation Name

Lend-a-Hand of Pensacola, Inc.

REINSTATEMENT 06-08

CR2E081 (12/07)

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

101 East Romana Street

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32502

Country

USA

3. Mailing Office Address

c/o Julia Sherelis, Nixon Peabody

Suite, Apt. #, etc.

1100 Clinton Square

City & State

Rochester, New York

Zip

14603

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1967

5. FEI Number
59-1644971

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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.

7. Name and Address of Current Registered Agent

Name

Carol Thomas

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

101 East Romana Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

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

Carol Thomas

REGISTERED AGENT MUST SIGN

Date

6-16-08

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
	See Attached Sheet	<i>12/25</i>	

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06/25/08--01038--012 **358.75

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:

Carol Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-08

Date

890-
435-8676

Daytime Phone #

**LEND-A-HAND OF PENSACOLA, INC.
DOCUMENT NO. 712404
CORPORATE REINSTATEMENT
ATTACHMENT, ITEM 9**

OFFICERS AND DIRECTORS

Kevin Doyle, President/Director
Tom Hartley, Vice President/Director
Rebecca Boles, Vice President/Director
Nicole Ellis, Treasurer/Director
Carol Thomas, Secretary/Director
Gracia C. Martore, Controller
Todd Mayman, Esq., Assistant Secretary
Christopher W. Baldwin, Assistant Treasurer