

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 17 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751444

1. Corporation Name

HELP FOR TODAY, INC.

REINSTATEMENT 99-20

2. Principal Office Address

309 Georgia Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 1822

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

City & State

West Palm Beach, FL.

Zip

33401

Country

USA

Zip

33402

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/10/1980

5. FEI Number

591987969

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

Kimberly Egbulonu

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

706 8th Street

Suite, Apt. #, Etc.

200005414272-2
-05/01/02--01026--011
****428.75 ****428.75

City

West Palm Beach

State
FL

Zip Code
33401

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**

Kimberly Egbulonu
REGISTERED AGENT MUST SIGN

Date

4/12/02

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
PRES.	Adriane Marcelle	1600 39th Street	West Palm Beach, FL. 33407
VP	Sam Jordan	1401 NE 26th Street	Ft. Lauderdale, FL. 33305
TRES.	Lee Turmail	4362 Northlake Blvd.	Palm Beach Gardens, FL. 33410
SEC.	Grace Barnett	1401 39th Street	West Palm Beach, FL. 33407

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)(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:

Adriane Marcelle

Adriane Marcelle

4/12/02

Date

561-601-2748

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)