

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 29 PM 4:13

CLERK OF THE COURT
RECEIVED

DOCUMENT # 751444

1. Corporation Name

HELP FOR TODAY, INC.

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

1309 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

U.S.A.

Zip

33402

Country

U.S.A.

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

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **CR2E081 (12/08)**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD C. EGBULONU, SR.

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

3001 BERNARDO LANE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

☒ 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.

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

Date 9-24-09

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
PD	KIMBERLY C. EGBULONU	3001 BERNARDO LANE	WEST PALM BEACH, FL. 33407
VP	PATRICIA HUMPHREYS	440 WEST 25th STREET	RIVIERA BEACH, FL. 33404
TRE	MARY MCKINZY	1099 WEST 27th STREET	RIVIERA BEACH, FL. 33404
SEC	MACQIA WOODSIDE	1583 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 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:

KIMBERLY C. EGBULONU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(09-24-09) 561-541-1936

Date

Daytime Phone #