

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -9 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756286

1. Corporation Name

THE HELPING HANDS CLUB
INCORPORATED

2. Principal Office Address

3821 10th AVE SO

Suite, Apt. #, etc.

3. Mailing Office Address

3821 10th AVE. SO.

Suite, Apt. #, etc.

City & State

ST. Pete, FL

City & State

ST. Pete, FL

Zip

33711

Country

Pinellas

Zip

33711

Country

Pinellas

REINSTATEMENT 99-01

07/28/99 90003 005 \$61.25

4. Date Incorporated or Qualified
To Do Business In Florida

2-70-81

5. FEI Number

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

Edward L. Woods SR.

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

3821 10th AVE. SO.

Suite, Apt. #, Etc.

City

ST. Pete, FL

State

FL

Zip Code

33711

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

Edward L. Woods SR.

REGISTERED AGENT MUST SIGN

Date 4-2-01

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/D/T	Edward L. Woods SR.	3821 10th AVE. SO.	ST. Pete. FL. 33711
V/D	Andrew Robinson	2563 10th AVE. SO.	ST. Pete. FL. 33712
S	Jimmie Lewis	3090 15th AVE. SO.	ST. Pete. FL. 33712
D/M	Lucuis Powell	1310 46th AVE. SO.	ST. Pete. FL. 33711
M	Margarie Shaw	Imlay Ct. SO.	ST. Pete. FL. 33705

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:

Edward L. Woods SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-2-01

Daytime Phone #

727-327-1525

FEI Per Mrs Woods 1-11-01

CR2E081 (9/00)