

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -7 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F-94000006616

1. Corporation Name

EXTEND A HAND ASSOCIATION

2. Principal Office Address

105 E. J. ARDEN MAYS BLVD.

3. Mailing Office Address

2711 HALLADAY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL.

City & State

NORTH PORT, FL.

Zip

33566

Country

USA

Zip

34287

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/94

5. FEI Number

31-1267993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RACHEL L. KELLY

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

3896 WOODMERE PARK BLVD

Suite, Apt. #, Etc.

APT. # 11,

City

VENICE

State

FL

Zip Code

34293

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

Rachel L. Kelly

REGISTERED AGENT MUST SIGN

Date 2/16/02

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.	ROSEMARY J. KELLY	2711 HALLADAY ST	NORTH PORT FL. 34287
V. PRES	KENNY BELL	2324 W. PARKER ST	LAKELAND FL. 33815
SEC.	ROBERT J. KELLY	2711 HALLADAY ST	NORTH PORT FL. 34287

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:

Robert J. Kelly Secretary - ROBERT J. KELLY

2/18/02

Date

941-429-0733

Daytime Phone #

282

EXTEND-A-HAND ASSOCIATION  
105 EAST J. ARDEN MAYS BLVD.  
PLANT CITY, FLORIDA 33566

TEL: (813) 719-6568

March 4, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Kathy Ashton

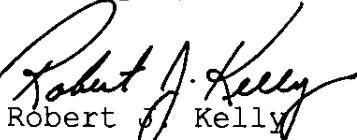
Dear Ms. Ashton:

Please find enclosed a check in the amount of \$192.50 to cover the cost of reinstatement and a new certificate of status.

Please be advised that Extend-A-Hand Association has not received a UBR renewal form or any other form of correspondence since the year 1999.

We greatly appreciate your help in this matter.

Thank you,



Robert J. Kelly  
Secretary, Extend-A-Hand Association

Mailing address:  
2711 Halladay Street  
North Port, FL 34287