

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO6000042205**

1. Limited Liability Company's Name

OUR HELPING HANDS LLC

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

237 HAWKSBILL CT

Suite, Apt. #, etc.

3. Mailing Office Address

237 HAWKSBILL CT

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32966

Country

USA

Zip

32966

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

04/24/2006

6. FEI Number

20-8363544

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MERRILL, BONNIE L

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

237 HAWKSBILL CT

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32966

900260067439
05/12/14--01003--007 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Bonnie L. Merrill
REGISTERED AGENT MUST SIGN

Date

5-5-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MERRILL, BONNIE L	237 HAWKSBILL CT	VERO BEACH, FL 32966

11. E-mail Address: **vtmom00@aol.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 805.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Bonnie L. Merrill

Date

5-5-14

Daytime Phone #

772-564-9027

Typed or printed name of signing Authorized Representative/Manager

BONNIE L. MERRILL