2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N00000001136

Entity Name: A HELPING HAND INTERNATIONAL OUTREACH, INC.

Current Principal Place of Business:

2336 BROWARD RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

2336 BROWARD RD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 65-0987196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MYERS, YIRAYMA
2336 BROWARD RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: YIRAYMA MYERS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MYERS, MICHAEL V
Address: 4371 W 10TH LANE
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete
Name: MYERS, YIRAYMA
Address: 4410 NW 171ST TERRACE
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: COOPER, EVELYN
Address: 4762 NW 168TH TERRACE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MYERS, MICHAEL V
Address: 2336 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change ( ) Addition
Name: MYERS, YIRAYMA
Address: 2336 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YIRAYMA MYERS S 01/05/2009
Electronic Signature of Signing Officer or Director — Date