PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 AUG 27 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # N00000002570

1 Corporation Name

HELP FOR THE POOR, INC

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
1164 SW 27TH AVE		1164 SW 27TH AVE	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH	
Zip 33426	Country PALM BEACH	Zip 33426	Country PALM BEACH

300373133813

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 04/13/2000

5. FEI Number 65-1000450 — 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 MARJORIE CAZEAU

Street Address (P O Box Number is Not Acceptable) 1164 SW 27TH AVE

Suite, Apt #, Etc

City BOYNTON BEACH | State FL | Zip Code 33426

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 _____ (REGISTERED AGENT MUST SIGN) Date 8/25/21

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	SAINT LOUIS, JEAN R	PO BOX 541152	LAKE WORTH, FL 33454
V	ALZUPHAR, ADOLPH	445 N W 210 ST , APT 106	MIAMI, FL 33169
ST	MORRIS, LAKEESHA	14876 S W 158 TERR	MIAMI, FL 33187
D	JEAN, KATHREEN	3078 SW 129 TERRACE	MIRAMAR, FL 33027
		07-21	

10 **E-mail Address:** MARJORIECAZEAU1@GMAIL.COM
(To be used for future annual report notification)

11 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 , and that all fees owed by the corporation have been paid I further certify, 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 in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F S

SIGNATURE: MARJORIE CAZEAU _____ 8/25/21
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #