

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -7 PM 4:38

DOCUMENT # N 00000003951

1. Corporation Name

Crusade Helping Hands Neighborhood
Outreach ministries Inc
W06-22858

2. Principal Office Address

3620 NW 197 street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33055

Country

USA

3. Mailing Office Address

3620 NW 197 street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33055

Country

USA

REINSTATEMENT CR2E081(8/05) 01-06

4. Date Incorporated or Qualified
To Do Business in Florida

06-09-2000

5. FEI Number

65-1018210

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

Robert Eric Spry

300078728613

08/15/06--01039--020 **367 50

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

5542 NW 189 street

Suite, Apt. #, Etc.

300078728613

08/15/06--01039--021 **8.75

City

Miami

State

FL

Zip Code

33055

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

RESpry

REGISTERED AGENT MUST SIGN

Date

12/28/05

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
D	<u>Vera Jordan</u>	<u>3620 NW 197 street</u>	<u>Miami Fla 33055</u>
D	<u>Maggie Norwood</u>	<u>1025 NW 55 st Lane Apt 105</u>	<u>Miami Fla 33169</u>
D	<u>Robert E Spry</u>	<u>5542 NW 189 st</u>	<u>Miami Fla 33055</u>
S	<u>Audrey E Hunter</u>	<u>1251 NE 108 st Apt 508</u>	<u>Miami Fla 33161</u>
D	<u>Veronica Spry</u>	<u>5542 NW 189 st</u>	<u>Miami Fla 33055</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Veronica Spry

Date

12/28/05

Daytime Phone #

305-414-5650

December 28, 2005

Department of State
Division of Corporations

Atten: Corporation Reinstatement

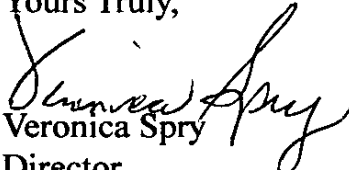
To Whom It May Concern:

Enclosed please find the required documents for the reinstatement of
Crusade Helping Hands Neighborhood Outreach Ministries Inc.

Please note that we never received any notices or post cards regarding this
non-profit organization. Therefore we are asking that any and all late fees be
waived.

Thanking you in advance for your consideration in this matter. Please do not
hesitate to contact me at 305-474-5650 daytime or 305-625-8266 night
should you have any additional questions.

Yours Truly,


Veronica Spry
Director