

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Catherine H. Spivey
Secretary of State
DIVISION OF CORPORATIONS

2001 UBR

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000006611

1. Corporation Name
The Village Help, Inc.

2. Principal Office Address 7027 W. Broward Blvd Suite, Apt. #, etc. 270 City & State Plantation, FL Zip 33317 Country USA		3. Mailing Office Address 7027 W. Broward Blvd Suite, Apt. #, etc. 270 City & State Plantation, FL Zip 33317 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida **10/5/2000**

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

LS

7. Name and Address of Current Registered Agent

Name
Jacquelyn Wooden, Esq

Street Address (P.O. Box Number is Not Acceptable)
99 N.W. 183rd Street

Suite, Apt. #, Etc.
234

City
Miami

State
FL

Zip Code
33169

000004691550--0
-11/21/01--01094--001
***211.25 ***\$61.25

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 **[Signature]** Date **11/14/01**

REGISTERED AGENT MUST SIGN

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	G. Wayne Thompson	7027 W. Broward Blvd	Plantation, FL 33317
D	CHRISTINE THOMPSON	7027 W. BROWARD BLVD	PLANTATION, FL 33317
D	DELORES LAMAR	3261 NW 46 AVE	CAULDERDALE LAKES, FL 33317

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]** Date **11/14/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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HAND DELIVERED

November 14, 2001

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

**RE: Reinstatement of
Innovative Solutions & Associates, Inc.
The Village Help, Inc**

Dear Sir or Madam:

Pursuant to your instruction I am requesting a reinstatement of the above corporations. I originally sent the renewal forms for the corporations in May of this year. The checks along with the renewal forms were included with a package that contains other corporation's renewals. Two of the corporations has been processed (Jordan Chapel Freewill Baptist Church, Inc. and Jordan Community Development Corporation). I called in June and was advised due to the heavy volume of renewals to call back in 30 - 45 days if I had not received any information and or the cancelled checks. I called again in August and was advised to resend the renewal forms and checks and in the mean time they will continue to check for the originals sent in May. I followed through and forwarded the requested information but did not receive any renewal information and I have checked with my bank and have advised that the checks have not been presented for payment as of the date of this letter.

Therefore, I am sending this letter requesting the reinstatement of these corporations. I have attached the renewal forms and payment amount respectively.

If you should have any questions please contact me at (954) 914-0726.

Thank you for consideration in this matter.

Cordially,


G. Wayne Thompson
President and Director