

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 5: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000000966**
1. Corporation Name **LARRY Greco**
Helping Hand Ministry inc.
3350 NE 48th AVE

2. Principal Office Address
3350 NE 48th AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

High Springs FL

Zip Country

Zip Country

32643

200034543272
04/29/04--01013--023 **358.75

4. Date Incorporated or Qualified
To Do Business in Florida

1-24-2001

5. FEI Number

59-3694668

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
LARRY Greco

Street Address (P.O. Box Number is Not Acceptable)
3350 NE 48th AVE

Suite, Apt. #, Etc.

City
High Springs FL

State
FL

Zip Code
32643

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

Larry Greco

REGISTERED AGENT MUST SIGN

Date **4-21-04**

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
Director			
Pres	LARRY GRECO	3350 NE 48th AVE	High Springs FLA
Treasurer			
V.P.			
Sec.	BRENDA GRECO	3350 NE 48th AVE	High Springs FLA
Dir.			

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:

Larry Greco, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04 386-454-8996

Date

Daytime Phone #

CR2E081 (01/04)