PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORAT ISTATEM				Secretary	TMENT C of State			DIVISIO	RETAR ON OF C	.ED Y 06-S1ATE PRPORATIONS PH 12: 59	
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DOCUMENT # N0100000866 1. Corporation Name												
Larry Greco Helping Hands Ministry, Inc.								800138036578 11/18/0801013012 **297.50				
2. Principal Office Address - No P.O. Box # 3. Mailing C						Office Address						
3350 NE 48th Avenue 3350					0 NE 48th Avenue			CR2E081 (10/08)				
Suite, Apt. #, etc. Suite, Apt. #					, etc.							
								4. Date Incorporated or Qualified To Do Business in Florida 01/24/2001				
City & State City & State								5. FEI Number Applied For				
	High Springs FL				High Springs FL			E00004000			Not Applicable	
^{Zíp} 32643	Country USA		^{Zip} 32643		Country		6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Add	litional Fee required		
020.0				-	tered Agen					10, 20	Attricate of Status	
7. Name and Address of Current Registered Agent Name											4	
Larry G. Greco								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable) 3350 NE 48th Avenue								the prior notices. By checking this box, you				
Suite, Apt. #, Etc.									are certifying the prior notices were not received and requesting the reinstatement			
								fee be waived.				
city High Springs						State Zip Code FL 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 Ret	JISC		GISTERED AG			ilcer b	<u>ветом</u>	Date 11/12	/08		
9. Names	s and Street A	ddresses	of Each Officer and	or Director (Flo	rida nonoro	fit corporation	ne must list at les	ast 3 directors)	<u>.</u>			
Titles	s and Street Addresses of Each Officer and/or Director (Florida of Name of					Street Address of Each						
	Officers and/or Directors				Officer and/or Director			City / State / Zip				
PDT	Lawrence G. Greco				3350 NE 48th Avenue				High Springs, FL 32643			
VPSD	Brenda J. Greco				3350 NE 48th Avenue				High Springs, FL 32643			
SEC	Pastor, Luke M Billings				488 SW Normandy Driv			e Fort White, FL 32038				
					0 1114			DE		<u></u>		
					D INSTAT			TEMENT 07 - 08				
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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 filling 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 contained in Chapter 119, 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: Jarry & Jares Larry G. Greco 11/12/2008 386-454-8996												
	<i>(</i> *)	GNATURE	AND TYPED OR PRI	RTED NAME OF	SIGNING OFF	ICER OR DIRE	CTOR		Date	Daytime Ph	งกอ #	