2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2009
Secretary of State

DOCUMENT# N01000002338

Entity Name: HEALTH HELP PROJECT INC.

Current Principal Place of Business:

1720 SW 32 CT.
SUITE 206
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1720 SW 32 CT.
SUITE 206
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-1092120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATINO, HENRY REV.
11865 N. AVIARY DRIVE
COOPER CITY, FL 33326 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HENRY PATINO

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATINO, FRANCISCO J
Address: 1720 S.W. 32ND CT
City-St-Zip: MIAMI, FL 33145

Title: VD ( ) Delete
Name: PATINO, FRANK DR.
Address: 49501 PINE RIDGE DR.
City-St-Zip: PLYMOUTH, MI 48170

Title: TD ( ) Delete
Name: PATINO, JOSEPH
Address: 212 S.W. 179 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ATD ( ) Delete
Name: LOPEZ, MANUEL
Address: 2730 S.W. 33 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: ED ( ) Delete
Name: PATINO, ROBERTO
Address: 8350 S.W. 27 LANE
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete
Name: PATINO, ISABEL M
Address: 1720 S.W. 32 COURT
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY PATINO RA 10/23/2009

Electronic Signature of Signing Officer or Director — Date