

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**CORPORATION  
REINSTATEMENT**

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N01000006826

1. Corporation Name

HANDS THAT HELP, INC.

2. Principal Office Address

4980 NW 32ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33142

Country

USA

3. Mailing Office Address

4980 NW 32ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33142

Country

USA

100009485461  
12/12/02--01034--001 \*\*236.25

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/01

5. FEI Number

04-3587871

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

LINDA J MASON

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

40 N OSPREY AVENUE

Suite, Apt. #, Etc.

D

City

SARASOTA

State

FL

Zip Code

34236

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

*Linda J. Mason*

Date 12/09/02

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
P/T/D	ISAAC DANIELS	4980 NW 32ND AVE	MIAMI, FL 33142
VP/D	TONYA KEMP-DANIELS	4980 NW 32NS AVE	MIAMI, FL 33142
S/D	BRENDA FUENTES	3855 CAREFREE CIR S	COLORADO SPRINGS, CO 809
D	JOHN NALLS	3633 SW 14THS T	FT LAUDERDALE, FL 33312
D	CURTIS JACKSON	2000 SW 97TH LN	FT LAUDERDALE, FL 33324

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:

*Paul J. J.*

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/06/02 305-638-2272

Date

Daytime Phone #