

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N01000006826

1. Corporation Name

HANDS THAT HELP, INC.

Principal Place of Business

Mailing Address

4980 N.W. 32ND AVENUE
MIAMI FL 33142

4980 N.W. 32ND AVENUE
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2001

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	DANIELS, ISAAC G	4980 N.W. 32ND AVENUE	MIAMI FL 33142
VD	KEMP-DANIELS, TONYA	4980 N.W. 32ND AVENUE	MIAMI FL 33142
SD	FUENTES, BRENDA	3855 CAREFREE CIR S	COLORADO SPRINGS CO
D	NALLS, JOHN	3633 SW 14TH STREET	FT LAUDERDALE FL 33312
D	JACKSON, CURTIS	2000 SW 97TH LN	FT LAUDERDALE FL 33324

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASON, LINDA J
40 N OSPREY AVENUE
D
SARASOTA FL 34236

ISAAC DANIELS
4980 N.W. 32 Ave
Miami, FL 33142

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

400023961704

10/21/03--01028--002 **175.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/6/05

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/02

Daytime Phone #



REINSTATEMENT

03

CR2E040 (7/03)

292

The former registered agent is unavailable to sign this document therefore
I am the registered agent .

Isaah G. Daniels
4980 N.W. 32 Ave.
Miami, FL 33142

A handwritten signature in cursive script, appearing to read "Isaah G. Daniels".