

PS 1.82

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/25/05 90239 010 61.25



01172006 REIN-NP CR2E099 (11/05)

<b>DOCUMENT # N02000007138</b>			
1. Entity Name <b>HELP GIVE THE DEVIL A NERVOUS BREAKDOWN, INC.</b>			
Principal Place of Business <b>3000 COTTAGE GROVE CT ORLANDO, FL 32822</b>		Mailing Address <b>4546 S SEMORAN # 631 ORLANDO, FL 32822</b>	
2. Principal Place of Business <b>1550 GAY ROAD #629</b>		3. Mailing Address <b>1550 GAY ROAD #629</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WINTER PARK, FL</b>		City & State <b>WINTER PARK, FL</b>	
Zip <b>32789</b>		Zip <b>32789</b>	
Country		Country	
4. FEI Number <b>42-1556347</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CAYWOOD, CALEB 3000 COTTAGE GROVE COURT ORLANDO, FL 32822</b>		7. Name and Address of New Registered Agent Name Street <b>1550 Gay Rd #629</b> City <b>Winter Park FL 32789</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$297.50</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DOUG 452 ROCKY BROOK CT CASSELBERRY, FL 32702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAYWOOD, CHRIS 365 WEST FORK #2230 IRVING, TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAYWOOD, CALEB 3000 COTTAGE GROVE COURT ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1550 GAY ROAD #629 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAYWOOD, CALEB 5342 R.D. AVENUE ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 T. Roberts FEB 0 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOORE, DOUG 452 ROCKY BROOK CT CASSELBERRY, FL 32702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800065567268 02/10/05--01021--006 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RYDER, OLGA S 3000 COTTAGE GROVE COURT ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDER, OLGA S 3657 ATRIUM DRIVE ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like addresses.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			

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**Caleb Caywood**  
**2699 Lee Road, Suite #430**  
**Winter Park, FL 32789**  
**(407) 647-5747**

January 20, 2006

Tina Roberts  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Tina:

The purpose of this letter is to request a full abatement of the penalty assessed by the Florida Department of State in the amount of \$236.25 against Help Give The Devil A Nervous Breakdown, Inc.

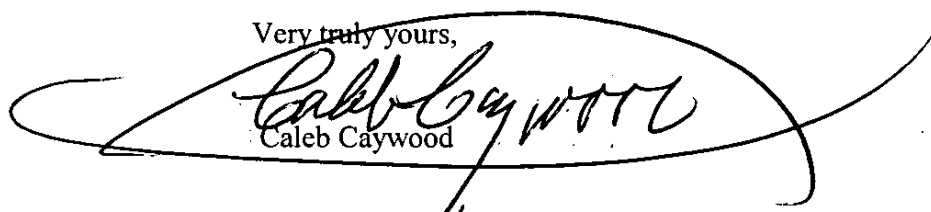
We were unaware of any letter stating that changes needed to be made to the 2005 annual report to make it comply with your instructions. We regret this inconvenience. We only discovered that there was any problem with the annual report when we received a letter a couple of weeks ago from the Florida Department of Agriculture & Consumer Services stating that our Company's status was "administrative dissolution for annual report".

Caleb Caywood, the president, had medical issues during 2005 and has moved several times recently, so it doesn't surprise us that he did not receive any correspondence. Also, this is a relatively new non-profit corporation, and such a monetary hit would put a strain on an already tight budget.

Please accept this request for the abatement of penalty as well as the \$61.25 for filing the 2006 annual report.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Caleb Caywood

P.S. Please reply Thank you!