

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000007138**

1. Corporation Name

HELP GIVE THE DEVIL A NERVOUS BREAKDOWN, INC.

2. Principal Office Address - No P.O. Box #

5212 EGGLESTON AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

512

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32810

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/18/2002

5. FEI Number

42-1556347

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

Kenneth H. Kraft III CPA

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

2699 Lee Road

Suite, Apt. #, Etc.

#430

City

Winter Park

State

FL

Zip Code

32789

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. **\$183.75 (6x3)**

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

Kenneth H. Kraft III CPA

REGISTERED AGENT MUST SIGN

Date

3/11/09

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	Caleb Caywood	5212 EGGLESTON AVE. #512	ORLANDO, FL 32810
VP	Doug Moore	452 ROCKY BROOK CT.	CASSELBERRY, FL 32702
D	Olga S. Ryper	3000 Cottage Grove Court	ORLANDO, FL 32822

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 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:

Caleb Caywood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-09 (407)879-7300

Date

Daytime Phone #

3/12/09