PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 16 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N02000007954

1. Corporation Name: Treasure Coast Helping Hands Corporation

REINSTATEMENT 03-04

400028789954
02/16/04--01028--014 **122.50

2. Principal Office Address	3. Mailing Office Address
823 Orange Ave	600 Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce FL	City & State: Fort Pierce, FL
Zip: 34950 Country: USA	Zip: 34950 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/2002

5. FEI Number: 32-0055348 ☐ 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: Ron Kurusis

Street Address (P.O. Box Number is Not Acceptable): 2970 North US-1

Suite, Apt. #, Etc.:

City: Fort Pierce State: FL Zip Code: 34946

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: [signature] Date: 2/4/04
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
Pres	Todd Smith	600 Atlantic Ave	Fort Pierce, FL 34950
VPres	Ron Kurusis	445 River Point Dr	Fort Pierce, FL 34946
Tres	Tim Seitzinger	1815 6th Ave, SW	Vero Beach, FL 32962
Sec	Lisa Smith	600 Atlantic Ave	Ft. Pierce, FL 34950

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: [signature] Ron Kurusis - VP 2/4/04 772-465-6460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Treasure Coast Helping Hands, Inc.
600 Atlantic Avenue
Fort Pierce, FL 34950
(772) 460-5414

2/4/09

To Whom it may concern,

It was determined, after talking with your office, that our annual report notices where never recieved, therefore have never been filed. Enclosed, you will find a reinstatement foem, plus two years worth of filing fees as instructed by your office. A correct mailing address is also on the foem. Sorry for the mix-up.

Thank you--